



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|   |       |   |                                |                        |                     |
|---|-------|---|--------------------------------|------------------------|---------------------|
| 1. Entity ID Number<br><b>788978</b>  |       | 2. Exact name of the Limited Liability Company<br><b>BURBY ENTERPRISES, LLC</b>   |                                |                        |                     |
| 3. NAICS Code<br><b>531390</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>TO PURCHASE, LEASE, MANAGE AND SELL RESIDENTIAL, COMMERCIAL AND MIXED PARCELS OF REAL ESTATE.</b> |                                |                        |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>  |       |   |                                |                        |                     |
| 6. Principal Office Address<br><b>130 TOWER HILL ROAD</b>   |       |   | City<br><b>NORTH KINGSTOWN</b> | State<br><b>RI</b>     | Zip<br><b>02852</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                                |                        |                     |
| Contact Name<br><b>GREGORY R. BURBANK</b>   |       |   | Contact Title<br><b>MEMBER</b> |                        |                     |
| Street Address<br><b>9 PALMER STREET, UNIT 1</b>  |       |   | City<br><b>ASHAWAY</b>         | State<br><b>RI</b>     | Zip<br><b>02804</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                                |                        |                     |
| Manager Name  |       |   | Manager Name                   |                        |                     |
| Street Address  |       |   | Street Address                 |                        |                     |
| City  | State | Zip   | City                           | State                  | Zip                 |
| Manager Name  |       |   | Manager Name                   |                        |                     |
| Street Address  |       |   | Street Address                 |                        |                     |
| City  | State | Zip   | City                           | State                  | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |                                |                        |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642  |       |   |                                |                        |                     |
| <b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b> |       |   |                                |                        |                     |
| Name of Authorized Person<br><b>GREGORY R. BURBANK, MEMBER</b>  |       |   |                                | Date<br><b>10.1.17</b> |                     |
| Signature of Authorized Person<br>  |       |   |                                |                        |                     |

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

OCT 10 2017

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FORM 632 - Revised: 08/2017