



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

Annual Report for the year: **2019**  
 Corporation

**FILED**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

**MAR 18 2019**

BY 1198 DS

1. Entry ID Number <b>112435</b>		2. Exact name of the Corporation <b>BURKE CARPET CONCEPTS, INC.</b>			
3. Principal Office Address <b>P.O. Box 15008</b>		City <b>Riverside</b>		State <b>RI</b>	Zip <b>02915</b>
4. NAICS Code <b>238330</b>		6. Brief description of the character of business conducted in Rhode Island <b>CARPET SALES AND INSTALLATION.</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael W. Burke</b>			Vice-President Name <b>Michael W. Burke</b>		
Street Address <b>47 Cul De Sac Way</b>			Street Address <b>47 Cul De Sac Way</b>		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
Secretary Name <b>Michael W. Burke</b>			Treasurer Name <b>Michael W. Burke</b>		
Street Address <b>47 Cul De Sac Way</b>			Street Address <b>47 Cul De Sac Way</b>		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Michael W. Burke</b>			Director Name		
Street Address <b>47 Cul De Sac Way</b>			Street Address		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>100</b>	<b>Common</b>	<b>No Par Value</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
<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 Representative <b>Michael W. Burke, President</b>					Date
Signature of Authorized Representative <b>President</b>					

MAIL TO:  
 Division of Business Services  
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