



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number <u>110139</u>		2. Exact name of the Corporation <u>Berck Enterprises Inc.</u>	
3. Principal Office Address <u>20 Pine Oak Trail</u>		City <u>W. Greenwich</u>	State <u>RI</u>
4. NAICS Code <u>722511</u>		6. Brief description of the character of business conducted in Rhode Island <u>Restaurant</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Patrick Berck</u>		Vice-President Name <u>Michael Berck</u>	
Street Address <u>21 Stanley Moury Rd</u>		Street Address <u>20 Pine Oak Trl</u>	
City <u>Foster</u>	State <u>RI</u>	City <u>W. Greenwich</u>	State <u>RI</u>
Zip <u>02825</u>		Zip <u>02817</u>	
Secretary Name <u>Michael Berck</u>		Treasurer Name <u>Patrick Berck</u>	
Street Address <u>20 Pine Oak Trl</u>		Street Address <u>21 Stanley Moury Rd</u>	
City <u>W. Greenwich</u>	State <u>RI</u>	City <u>Foster</u>	State <u>RI</u>
Zip <u>02817</u>		Zip <u>02825</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
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.			
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.			
Name of Authorized Representative <u>Patrick Berck</u>			Date <u>1/8/21</u>
Signature of Authorized Representative <u>[Signature]</u>			

SIGN DOCUMENT HERE **FILED**

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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