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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BUS SVCS DIV
2021 JAN 25 AM 10:23

1. Entity ID Number	2. Exact name of the Corporation		
110139	Berek Enterprises Inc.		
3. Principal Office Address: 20 Pine Oak Trail	City: W. Greenwich	State: RI	Zip: 02817
4. NAICS Code: 722511	6. Brief description of the character of business conducted in Rhode Island: Restaurant		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Patrick Berek			Vice-President Name: Michael Berek		
Street Address: 21 Stanley Moury Rd			Street Address: 20 Pine Oak Trl		
City: Foster	State: RI	Zip: 02825	City: W. Greenwich	State: RI	Zip: 02817
Secretary Name: Michael Berek			Treasurer Name: Patrick Berek		
Street Address: 20 Pine Oak Trl			Street Address: 21 Stanley Moury Rd		
City: W. Greenwich	State: RI	Zip: 02817	City: Foster	State: RI	Zip: 02825

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	0		

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~~	Date
Patrick Berek	1/8/21

Signature of Authorized Representative

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

JAN 25 2021
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FORM 630 - Revised: 02/2017