



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2021**

## Limited Liability Company

→ Filing period: September 1 - November 1

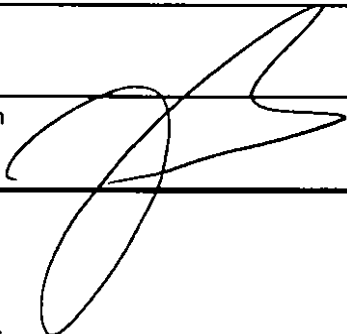
→ Filing Fee: \$50.00

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

F STAMP

NOV 08 2021

BY 10-9-21  
DS

1. Entity ID Number <b>000792799</b>		2. Exact name of the Limited Liability Company <b>BURKE'S MARTIAL ARTS, LLC</b>			
3. NAICS Code 611620		4. Brief description of the character of business conducted in Rhode Island MARTIAL ARTS INSTRUCTION			
5. State of Formation RI					
6. Principal Office Address 880 EDDY STREET		City PROVIDENCE		State RI	Zip 02905
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JOHN JACOB BURKE		Contact Title MEMBER			
Street Address 880 EDDY STREET		City PROVIDENCE		State RI	Zip 02905
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name N/A		Manager Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name N/A		Manager Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person JOHN JACOB BURKE				Date 10/12/21	
Signature of Authorized Person 					

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov