	State of Rhode Office of the Secreta		Fee: \$20.00	
	Division Of Business 148 W. River St	reet		
HOPE	Providence RI 0290 (401) 222-304			
Non-Profit Corporation Annual Report				
Filing Period: February 1 - May 1				
In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2022				
1. Corporate ID No. 000027953				
2. Name of Corporation JOHN P. BURKE MEMORIAL FUND				
3. State of Incorporation				
State: <u>RI</u>				
based on the chosen selection. If assistance with selecting a class NAICS Code 813211		ter it into the box on the rig	ght. For further	
4. Principal Office Address				
No. and Street: <u>1 BUTTON HOLE DRIVE</u> City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02909</u> Country: <u>USA</u>				
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
GIVING FINANCIAL AID TO NEEDY CADDIES/SCHOLARSHIP FUND				
6. Names and Addresses of the Officers and Directors:				
All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.				
Title	Individual Name	Addres	s	
PRESIDENT	First, Middle, Last, Suffix	Address, City or Town, State	e, Zip Code, Country	
	TETER ONEILE JR. ONEILE JR.	1 BUTTON H PROVIDENCE, RI		
TREASURER	JOE CALABRO	1 BUTTON H	OLE DRIVE	

		PROVIDENCE, RI 02909 USA
SECRETARY	STEPHEN NAPOLI	1 BUTTON HOLE DRIVE PROVIDENCE, RI 02909 USA
VICE PRESIDENT	MARK MELIKIAN	1 BUTTON HOLE DRIVE PROVIDENCE, RI 02909 USA
DIRECTOR	ROBERT WARD	1 BUTTON HOLE DRIVE PROVIDENCE, RI 02909 USA
DIRECTOR	JOE SPRAGUE	1 BUTTON HOLE DRIVE PROVIDENCE, RI 02909 USA
DIRECTOR	AMANDA PARKER	1 BUTTON HOLE DRIVE PROVIDENCE, RI 02909 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOSEPH J. SPRAGUE ONE BUTTON HOLE DRIVE PROVIDENCE, RI 02909

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 11 Day of July, 2022 at 10:09:36 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By AMANDA PARKER

Signature of Authorized Person

Form No. 631 Revised 09/07

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