



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
AMP
24 APR 30 PM 3:24:50

1. Entity ID Number 000112435		2. Exact name of the Corporation BURKE CARPET CONCEPTS, INC.			
3. Principal Office Address P.O. BOX 15008		City RIVERSIDE	State RI	Zip 02915	
4. NAICS Code 238330	6. Brief description of the character of business conducted in Rhode Island CARPET SALES AND INSTALLATION.				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL W. BURKE		Vice-President Name MICHAEL W. BURKE			
Street Address 47 CUL DE SAC WAY		Street Address 47 CUL DE SAC WAY			
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
Secretary Name MICHAEL W. BURKE		Treasurer Name MICHAEL W. BURKE			
Street Address 47 CUL DE SAC WAY		Street Address 47 CUL DE SAC WAY			
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MICHAEL W. BURKE		Director Name			
Street Address 47 CUL DE SAC WAY		Street Address			
City RIVERSIDE	State RI	Zip 02915	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO 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 MICHAEL W. BURKE, PRESIDENT				Date 3.27.24	
Signature of Authorized Representative <i>Michael W. Burke President</i>				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

APR 30 2024
BY 11896 FORM 630 - Revised: 2/2023