



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 53663		2. Name of Corporation Damiano & Burk CPAs, Professional Corporation			
3. Street Address Principal Business Office 6 Blackstone Valley Place, Suite 109			City Lincoln	State RI	Zip 02865
4. Business Phone No. 4013332880		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island GENERAL PRACTICE OF ACCOUNTING, TAX PLANNING, AUDITING AND CONSULTING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kevin Burk			Vice President Name		
Street Address 6 Blackstone Valley Place, Suite 109			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Kevin Burk			Treasurer Name Kevin Burk		
Street Address 6 Blackstone Valley Place, Suite 109			Street Address 6 Blackstone Valley Place, Suite 109		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			110	Common	No Par

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 receiver or trustee.

FILED
FEB 23 2011
BY [Signature] 0138173

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.

[Signature] 1/26/11
Signature Date
Kevin Burk
Print or Type Name
President
Title

File Date _____
Check No. _____
By: _____
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