



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 122088		2. Exact name of the Corporation DANIEL J. BECKER, D.C., INC.					
3. Principal office address 327 Eddie Dowling Highway				City North Smithfield	State RI	Zip 02896	
4. Business Phone No.				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Operating a professional chiropractic practice							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Daniel J. Becker				Vice-President Name Daniel J. Becker			
Street Address 327 Eddie Dowling Highway				Street Address 327 Eddie Dowling Highway			
City North Smithfield	State RI	Zip 02896		City North Smithfield	State RI	Zip 02896	
Secretary Name Daniel J. Becker				Treasurer Name Daniel J. Becker			
Street Address 327 Eddie Dowling Highway				Street Address 327 Eddie Dowling Highway			
City North Smithfield	State RI	Zip 02896		City North Smithfield	State RI	Zip 02896	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name Daniel J. Becker				Director Name None			
Street Address 327 Eddie Dowling Highway				Street Address			
City North Smithfield	State RI	Zip 02896		City	State	Zip	
Director Name None				Director Name None			
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.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				100	Common	No Par Value	

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED *ov*
 JAN 22 2016
 51909

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.

Daniel J. Becker 1/14/16
 Signature of Authorized Representative Date
Daniel J. Becker
 Print or Type Name of Authorized Representative