



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2016 DEC 27 PM 12:48

1. Entity ID Number <u>144479</u>		2. Exact name of the Corporation <u>Tanya J Becker MD Inc</u>			
3. Principal Office Address <u>59 Prospect St. Suite C</u>		City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	
4. Business Phone Number <u>401-728-9206</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Health Care Office</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Tanya J Becker</u>		Vice-President Name <u>Bruce Becker</u>			
Street Address <u>26 Bullock Ave</u>		Street Address <u>26 Bullock Ave</u>			
City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
		<u>1000</u>	<u>Common</u>	<u>0</u>	
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. <u>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.</u>					
Name of Authorized Representative <u>Tanya J Becker</u>				Date <u>11/7/16</u>	
Signature of Authorized Representative <u>Tanya J Becker</u> SIGN DOCUMENT HERE					

FILED

DEC 27 2016

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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