RI SOS Filing Number: 201734996520 Date: 2/27/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the ye	ear:
Corporation	2017

- → Filing period: January 1 March 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.0	0 fee if form is	not ¿led by April 1.	•					
1. Entity ID Number	2. Exact na	2. Exact name of the Corporation						
1 - 799065	Вес	Becker Manufacturing Company						
3. Principal Of¿ce Address		City			Zip			
1 South Main Street		Cover	ntry	RI	02816			
4. NAICS Code	6. Brief des	scription of the chara	I	-	le Island			
339940		acturer of c						
5. State of Incorporation								
Rhode Island								
7. List ALL of¿cers (names and a	addresses)	<u></u>	·•	Che	ck the box to ind	licate an attachment		
President Name			Vice-Preside	Vice-President Name				
Richard Becker Street Address				Richard Becker Street Address				
145 Adirondack	Drive		0001001.	145 Adirondack Drive				
City	State	Zip	City	AGITOHUACK	State	Zip		
East Greenwich	R I	b2818	East G	reenwich	RI	02818		
Secretary Name	als a m		Treasurer Name					
Richard Becker Street Address			Richard Becker					
145 Adirondack	Drive			Street Address 145 Adirondack Drive				
City	State	Zip	City		State	Zip		
East Greenwich	RI	02818	East	Greenwich	RI	02818		
8. List ALL directors (names and Director Name	addresses)		15:	Che	ck the box to ind	icate an attachment		
Richard Bed	cker		Director Nan	ne				
Street Address 145 Adirondack Drive		Street Addre	Street Address					
City East Greenwich	State R I	Zip 02818	City	***	State	Zip		
Director Name			Director Nam	ne				
Street Address			Street Addre	D				
3.000			Street Addres	55				
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Iss	L	Che	ck the boy to indi	sate an ettachment		
This information is currently of rec	ord in the	NUMBER O		Check the box to indicate an attachme				
Department of State.		10.00	2					
Changes require an additional ¿ling.		10,000) CNP			0.00		
11 This report must be executed	on hobalf of the	a comparation by an						
 This report must be executed trustee, this report must be execu 	ited on behalf c	e corporation by an a of the corporation by	autnonzed repre the receiver or t	esentative. It the cor	poration is in the	hands of a receiver o		
Under penalty of perjury, I decl	are and af¿rm	that I have examin	ed this report,	including any acc	ompanying sch	edules and		
statements, and that all stateme	<u>ents contained</u>	<u>l herein are true an</u>	d correct.					
Name of Authorized Representative				Date				
	Richard Becker				2-14-17			
Signature of Authorized Represer	ntative		r, >[]					
I < who ! I Ee	e e	SIGN DO	EB 20 1047					
MAIL TO:			~ 7 2017	^				

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040