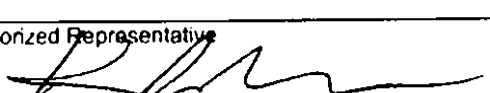




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation

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

1. Entity ID Number 000058633		2. Exact name of the Corporation Baker Motion Control Systems, Inc.			
3. Principal Office Address 860A WATERMAN AVENUE, UNIT 3		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 423690		6. Brief description of the character of business conducted in Rhode Island Sales			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name KENNETH W. BAKER			Vice-President Name KENNETH W. BAKER		
Street Address 105 ROBINSON COURT			Street Address 105 ROBINSON COURT		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
Secretary Name KENNETH W. BAKER			Treasurer Name KENNETH W. BAKER		
Street Address 105 ROBINSON COURT			Street Address 105 ROBINSON COURT		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name KENNETH W. BAKER			Director Name		
Street Address 105 ROBINSON COURT			Street Address		
City SEEKONK	State MA	Zip 02771	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			COMMON		
			NO PAR		
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 KENNETH W. BAKER					Date 2/2/18
Signature of Authorized Representative 					

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

FILED

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