RI SOS Filing Number: 2018[redacted]8312040 Date: 2/14/2018 4:00:00 PM

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

Annual Report for the year: 2018
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	2. Exact name of the Corporation
199005	Becker Manufacturing Company

3. Principal Office Address	City	State	Zip
1 South Main Street	Coventry	RI	02816

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
339940	manufacturer of custom writing instruments
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Richard Becker	Richard Becker
Street Address	Street Address
145 Adirondack Drive	145 Adirondack Drive
City / State / Zip	City / State / Zip
East Greenwich / RI / 02818	East Greenwich / RI / 02818
Secretary Name	**Treasurer Name**
Richard Becker	Richard Becker
Street Address	Street Address
145 Adirondack Drive	145 Adirondack Drive
City / State / Zip	City / State / Zip
East Greenwich / RI / 02818	East Greenwich / RI / 02818

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Richard Becker	
Street Address	Street Address
145 Adirondack Drive	
City / State / Zip	City / State / Zip
East Greenwich / RI / 02818	
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10 Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10,000	CNP	0.00

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	Date
Richard Becker	2/5/18

Signature of Authorized Representative: Richard Becker SIGN DOCUMENT HERE

FILED
FEB 14 2018
BY 203 DS

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

FORM 630 - Revised: 10/2017