RI SOS Filing Number: 201858531900
State of Rhode Island and Providence Plantations Date: 2/16/2018 4:00:00 PM

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.

FILED .	
EED 1 6 2010	

FEB 1 6 2018

1. Entity ID Number	2. Exact nan	ne of the Corporation	on		_		
122088		DANIEL J. BECKER, D.C., INC.					
3. Principal Office Address			City		State	Zip	
327 Eddie Dowling Highway			North Smit	thfield	RI	02896	
4. NAICS Code	6. Brief desc	ription of the chara	cter of business	conducted in Rhode	Island	·	
621310	Operating	Operating a professional chiropractic practice.					
5. State of Incorporation		1					
Rhode Island							
7. List ALL officers (names and a	iddresses)			Chec	k the box to i	indicate an attachment	
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		Z _{IP} 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	^{Z₁p} 02896	
8. List ALL directors (names and	addresses)		· · · · · · · · · · · · · · · · · · ·	Chec	k the box to	indicate an attachment	
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				
Street Address			Street Addres	s			
City	State	Zip	City	<u> </u>	State	Zip	
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment			
This information is currently of record in the		NUMBER O		CLASS/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		100		Common		No Par Value	
							
11. This report must be executed	on behalf of the	corporation by an	authorized repres	Lsentative If the com	oration is in t	the hands of a receiver or	
trustee, this report must be execu	<u>uted on beha</u> lf of	the corporation by	the receiver or to	rustee.			
Under penalty of perjury, I deci	lare and affirm	that I have examin	ed this report, i	ncluding any acco	mpanying s	chedules and	
statements, and that all statem Name of Authorized Representat	ents contained	herein are true ar	id correct.	 	Date		
Daniel J. Becker						18/18	
Signature of Authorized Represe	ntative				/	7/-	
(an/ h 300	ken_	SIGN DO	CUMENT HERE				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov