RI SOS Filing Number: 201859272820 Date: 2/26/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Corporation

-> Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 26 2018

BY OII IO

1. Entity ID Number	2. Exact name	2. Exact name of the Corporation					
001674617		Becht Engineering BT, Inc.					
3. Principal Office Address			City		State	Zip	
150 Allen Road, Suite 301			Basking Ric	Basking Ridge N		07920	
4. NAICS Code	6. Brief descri	ption of the charac	ter of business c	onducted in Rhode	Island		
541330	Engineering	Engineering, inspection, and consulting services					
5. State of Incorporation							
New Jersey							
7. List ALL officers (names a	nd addresses)			Chec	k the box to in	ndicate an attachment	
President Name Robert G. Br	Vice-President Name Richard L. Burke						
Street Address 14 Long Point	Street Address 212 Lawrence Avenue						
City Brick	State NJ	Zip 08723	City Highland Park		State NJ	^{Zip} 08904	
Secretary Name R. Russell Fernandes			Treasurer Name Robert G. Bryant, Jr.				
Street Address 89 Cottage PI	Street Address 14 Long Point Drive						
City Gillette	State NJ	Zip 07933	City Brick State			^{Zıp} 08723	
8. List ALL directors (names	and addresses)	<u>.</u>		Chec	k the box to in	ndicate an attachment	
Director Name Robert G. Bry				Richard L. Burke			
Street Address 14 Long Point Drive			Street Address 212 Lawrence Avenue				
City Brick	State NJ	Zip 08723	City Highland Park		State NJ	^{Zip} 08904	
Director Name R. Russell Fe	rnandes	1	Director Name		1		
Street Address 89 Cottage Place			Street Address				
City Gillette	State NJ	Zip 07933	City		State	Zip	
9. Shares Authorized	<u>.</u>	10. Shares Iss	sued	ed Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER O	F SHARES	Ĭ	mmon No Par Valu		
		43144	43144		Common N		
 This report must be exect trustee, this report must be ex 					poration is in t	ne nands of a receiver or	
Under penalty of perjury, I statements, and that all sta	declare and affirm t	hat I have examin	ed this report, it		ompanying so	chedules and	
Name of Authorized Represe		nerem are mue ar	ia correct.		Date /		
Robert G. Bryant, Jr.		′ /			$\perp \iota / \iota$	4/18	
Signature of Authorized Rep	resentative	2 Sec. 10	(MINIMA			1	

MAIL TO:

Division of Business Services

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

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