



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year
Corporation

2018

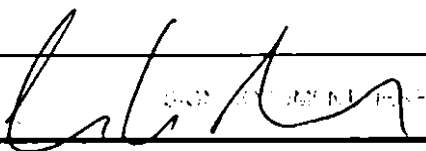
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FEB 26 2018

BY

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- 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 001674617		2. Exact name of the Corporation Becht Engineering BT, Inc.			
3. Principal Office Address 150 Allen Road, Suite 301		City Basking Ridge		State NJ	Zip 07920
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island Engineering, inspection, and consulting services			
5. State of Incorporation New Jersey					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Robert G. Bryant, Jr.			Vice-President Name 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
Secretary Name R. Russell Fernandes			Treasurer Name Robert G. Bryant, Jr.		
Street Address 89 Cottage Place			Street Address 14 Long Point Drive		
City Gillette	State NJ	Zip 07933	City Brick	State NJ	Zip 08723
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Robert G. Bryant, Jr.			Director Name 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 Fernandes			Director Name		
Street Address 89 Cottage Place			Street Address		
City Gillette	State NJ	Zip 07933	City	State	Zip
9. Shares Authorized 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
		43144	Common	No Par Value	
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 Robert G. Bryant, Jr.				Date 2/14/18	
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

FORM 630 - Revised: 10/2017