



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020  
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

**FILED**

SEP 17 2020

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|   |       |   |      |                        |                     |
|---|-------|---|------|------------------------|---------------------|
| 1. Entity ID Number<br><b>7990666</b>   |       | 2. Exact name of the Limited Liability Company<br><b>Becker Properties LLC</b>                    |      |                        |                     |
| 3. NAICS Code<br><b>531120</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Real Estate</b> |      |                        |                     |
| 5. State of Formation<br><b>RI</b>  |       |   |      |                        |                     |
| 6. Principal Office Address<br><b>1 South Main Street</b>   |       | City<br><b>Coventry</b>   |      | State<br><b>RI</b>     | Zip<br><b>02816</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |      |                        |                     |
| Contact Name<br><b>Richard Becker</b>   |       | Contact Title<br><b>Manager</b>   |      |                        |                     |
| Street Address<br><b>1 South Main Street</b>  |       | City<br><b>Coventry</b>   |      | State<br><b>RI</b>     | Zip<br><b>02816</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |      |                        |                     |
| Manager Name  |       | Manager Name  |      |                        |                     |
| Street Address  |       | Street Address  |      |                        |                     |
| City  | State | Zip   | City | State                  | Zip                 |
| Manager Name  |       | Manager Name  |      |                        |                     |
| Street Address  |       | Street Address  |      |                        |                     |
| City  | State | Zip   | City | State                  | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |   |      |                        |                     |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |       |   |      |                        |                     |
| <b>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.</b> |       |   |      |                        |                     |
| Name of Authorized Person<br><b>RICHARD BECKER</b>  |       |   |      | Date<br><b>9/14/20</b> |                     |
| Signature of Authorized Person<br><i>Richard Becker</i>   |       |   |      |                        |                     |

## MAIL TO:

Division of Business Services

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