



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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 799065		2. Exact name of the Corporation BECKER MANUFACTURING COMPANY										
3. Principal Office Address 1 SOUTH MAIN STREET		City COVENTRY	State RI Zip 02816									
4. NAICS Code 339940	6. Brief description of the character of business conducted in Rhode Island MANUFACTURER OF CUSTOM WRITING INSTRUMENTS											
5. State of Incorporation RI												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name RICHARD BECKER		Vice-President Name RICHARD BECKER										
Street Address 145 ADIRONDACK DRIVE		Street Address 145 ADIRONDACK DRIVE										
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH State RI Zip 02818									
Secretary Name RICHARD BECKER		Treasurer Name RICHARD BECKER										
Street Address 145 ADIRONDACK DRIVE		Street Address 145 ADIRONDACK DRIVE										
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH State RI Zip 02818									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name RICHARD BECKER		Director Name										
Street Address 145 ADIRONDACK DRIVE		Street Address										
City EAST GREENWICH	State RI	Zip 02818	City State RI Zip									
Director Name		Director Name										
Street Address		Street Address										
City	State RI	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 <input type="checkbox"/>										
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>10,000</td> <td>CNP</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	10,000	CNP	0.00			
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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 RICHARD BECKER		Date 1/18/21										
Signature of Authorized Representative <i>Richard Becker</i>		<div style="text-align: center;"> </div> <div style="text-align: right;">KM</div>										

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

JAN 28 2021

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FORM 630 - Revised: 08/2011