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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
FEB 18 2021
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BY 4116 OS

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	2. Exact name of the Corporation
992096	BEC, Corp

3. Principal Office Address	City	State	Zip
588 Broadway	Pawtucket	RI	02860

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
441320	Sale of tires, parts, automobiles, automotive services and for all other related purposes.
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
James J. Hallenbeck	14 Steere Road	Cumberland	RI	02864

Vice-President Name	Street Address	City	State	Zip
Kathleen A. Hallenbeck	14 Steere Road	Cumberland	RI	02864

Secretary Name	Street Address	City	State	Zip
Kathleen A. Hallenbeck	14 Steere Road	Cumberland	RI	02864

Treasurer Name	Street Address	City	State	Zip
James J. Hallenbeck	14 Steere Road	Cumberland	RI	02864

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
James J. Hallenbeck	14 Steere Road	Cumberland	RI	02864

Director Name	Street Address	City	State	Zip
Kathleen A. Hallenbeck	14 Steere Road	Cumberland	RI	02864

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized — 10. Shares Issued — 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
500	CNP	0

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: James J. Hallenbeck

Date: 2/12/2021

Signature of Authorized Representative: SIGN DOCUMENT 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

FORM 630 - Revised: 10/2017