

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 401.222.3

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

\* In accordance with RLGL 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (RLGL 7-6-91) is subject

to a penalty fee of \$25.00.	<u> </u>				~ 0) mm (202	.GL /-G-J1) is subject		
1. Corporate ID No.	2. Name of Corporation							
66233	AUTOMOTIVE RISK MANAGEMENT ASSOCIATION							
3. State of Incorporation	1	4. Corporate address in Rhode Island - Street Address				Zψ		
RHODE ISLAND	369 South Main	Street		Providen	ce	02903		
5. Foreign corporation. Enter principal office address			City	State		Zφ		
6. Brief Description of the character Engage in activities relating			and nsation liability for members	of the corpor	ation.			
7. NAMES AND ADDRESSE	S OF THE OFFICER	S: ("X" BOX FOR ATTACH	MENT) TILL IN SPACES E	EFORE USIN	G ATTACH	WENTS - I		
на отклетительный для от от миниция от отклетительный для на от отклетительный для под отклетительный для под President Name			Vice President Name					
Robert Capalbo			Sylvia Long					
Street Address			Street Address					
9 Post Road			Pojac Point					
Clty	State	Zip	City	State		Zip		
Westerly	RI	02891	North Kingstown	RI		02852		
Secretary Name John Anderson, Jr.			Treasurer Name Ron Fiore					
Street Address 170 Amaral Street			Street Address 525 Quaker Lane					
City	State	Zip	City	State		Zφ		
East Providence	RI	02915	West Warwick	RI		02893		
			CHMENT) X FILL IN SPACES I					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23								
Director Name			Director Name			market of the state of the company of the state of the st		
Robert Capalbo			Sylvia Long					
Street Address			Street Address					
9 Post Road			Pojac Point					
Clay	State	Ζip	City	State		Ζip		
Westerly	RI	02891	North Kingstown	RI		02852		
Director Name John Anderson, Jr.			Director Name Ron Fiore					
Street Address 170 Amaral Street			Street Address 525 Quaker Lane					
City	State	Zip	City	State		Zφ		
East Providence	RI	02915	West Warwick	RI	. [	02893		
9. REGISTERED AGENT IN	RHODE ISLAND - 1	DO NOT ALTER - Chang	es require filing of Form 6	41 - R.I.G.L.	7-6-13 / 7-	6-78		
Agent Name Marvin Homonoff, Esquire			Address		(Breen da 12) (100 - 100 - 20) (100 - 20)	And the state of t		
Address		City	Zψ					
369 South Main Street			Providence	02903				
This report must be signed by either the President Vice Pr			dent Secretary Assistant Sec	T	Di			

	6 6 2 3 3		Under penalty of perjury, I declare and affir	
File Date	5-19-1	19 5/18/09	report, including any accompanying schedule statements contained herein are true and contained	s and statements, and that all ect.
Check No.	- 9611	9611	Signature of Officer  Robert Capalbo	Date
By:	(MM	102 mncs	Print or Type Name of Officer	
FOR SEC	CRETARY OF STATE USE C	N.Y.	President Title of Officer	

Maureen Bailey 425 Ten Rod Road North Kingstown, RI 02852

Mark Freedman 880 Eddy Street Providence, RI 02905

Bill Lee 7 Jefferson Boulevard Warwick, RI 02888

Mike Neri 2909 Tower Hill Road Wakefield, RI 02880

> FILED MAY 18 2009

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