



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 1362		2. Name of Corporation AR-RO ENGINEERING CO. INC			
3. Street Address Principal Business Office 16 VINCENT AVE			City NORTH SMITHFIELD	State RI	Zip 02896
4. Business Phone No. 401-766-6669		5. State of Incorporation Rhode Island			
5. Brief Description of the Character of Business Conducted in Rhode Island					

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name JEFFREY D. COTE			Vice President Name RACHEL A. STACK		
Street Address 18 SPINNING WHEEL DRIVE			Street Address 19 VINCENT AVE		
City UXBRIDGE	State MA	Zip 01569	City NORTH SMITHFIELD	State RI	Zip 02896
Secretary Name CHRISTINE L COTE			Treasurer Name JEFFREY D. COTE		
Street Address 18 SPINNING WHEEL DRIVE			Street Address 18 SPINNING WHEEL DRIVE		
City UXBRIDGE	State MA	Zip 01569	City UXBRIDGE	State MA	Zip 01569

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name JEFFREY D. COTE			Director Name CHRISTINE L COTE		
Street Address 18 SPINNING WHEEL DRIVE			Street Address 18 SPINNING WHEEL DRIVE		
City UXBRIDGE	State MA	Zip 01569	City UXBRIDGE	State MA	Zip 01569
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par

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.

File Date **FILED**

Check No. **1111 22 2010**

By: **By 3963**

FOR SECRETARY OF STATE USE ONLY

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.

Signature **Jeffrey D Cote** Date **7-20-10**

JEFFREY D. COTE

Print or Type Name

PRES. DENT

Title