



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 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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(c), 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. 148387		2. Name of Corporation ARM Auto Group			
3. Street Address Principal Business Office 44 Tanglewood Drive			City Cumberland	State RI	Zip 02864
4. Business Phone No. 401-225-2225		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Sales					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William K Murphy			Vice President Name NONE		
Street Address 44 Tanglewood Drive			Street Address n/a		
City Cumberland	State RI	Zip 02864	City n/a	State n/a	Zip n/a
Secretary Name William K Murphy			Treasurer Name NONE		
Street Address 44 Tanglewood Drive			Street Address n/a		
City Cumberland	State RI	Zip 02864	City n/a	State n/a	Zip n/a
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William K Murphy			Director Name NONE		
Street Address 44 Tanglewood Drive			Street Address n/a		
City Cumberland	State RI	Zip 02864	City n/a	State n/a	Zip n/a
Director Name NONE			Director Name NONE		
Street Address n/a			Street Address n/a		
City n/a	State n/a	Zip n/a	City n/a	State n/a	Zip n/a
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES --- THIS SECTION MUST BE COMPLETED		
			Number of Shares NONE	Class Series NONE	Par Value NONE

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.

FILED
File Date _____
Check No. FEB 07 2011
By: BY 1608
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.

William K Murphy
Signature _____ Date **2/4/2011**
William K Murphy
Print or Type Name
President
Title