



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 2012**

**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. 1316		2. Name of Corporation ARLINGTON RV SUPERCENTER, INC.			
3. Street Address: Principal Business Office 966 QUAKER LANE			City EAST GREENWICH	State RI	Zip 02818
4. Business Phone No. (401) 884-7550		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island SALES AND SERVICE OF RECREATIONAL VEHICLES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LINDA L. TARRO			Vice President Name SANDRA J. O'LEARY		
Street Address 5 CATALPA WAY			Street Address 60 HULING LANE		
City COVENTRY	State RI	Zip 02816	City EAST GREENWICH	State RI	Zip 02818
Secretary Name LINDA L. TARRO			Treasurer Name SANDRA J. O'LEARY		
Street Address 5 CATALPA WAY			Street Address 60 HULING LANE		
City COVENTRY	State RI	Zip 02816	City EAST GREENWICH	State RI	Zip 02818
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name LINDA L. TARRO			Director Name SANDRA J. O'LEARY		
Street Address 5 CATALPA WAY			Street Address 60 HULING LANE		
City COVENTRY	State RI	Zip 02816	City EAST GREENWICH	State RI	Zip 02818
Director Name LUCILLE A. MORAN			Director Name NONE		
Street Address 9 JUNIPER HILL DRIVE			Street Address		
City COVENTRY	State RI	Zip 02816	City	State	Zip
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 <b>MUST</b> BE COMPLETED		
			Number of Shares 200	Class/Series COMMON	Par Value 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.

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.

Linda L. Tarro 1-20-12  
Signature Date  
LINDA L. TARRO  
Print or Type Name  
PRESIDENT  
Title

**FILED**

File Date JAN 23 2012

Check No. \_\_\_\_\_

BY 4647

FOR SECRETARY OF STATE USE ONLY