RI SOS Filing Number: 201442802030 Date: 07/18/2014 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
66233	**Automotive Risk Management Association**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Engage in activities relating to group self-insurance of workers' compensation liability for members of the corporation.**

5. Principal office address	City	State	Zip
369 South Main Street	**Providence**	**RI**	**02903**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Robert Capalbo			**Sylvia Long**		
Street Address			Street Address		
PO Box 849			**Pojac Point Road**		
City	State	Zip	City	State	Zip
Charlestown	**RI**	**02813**	**North Kingstown**	**RI**	**02852**
Secretary Name			Treasurer Name		
John Anderson, Jr.			**Ron Fiore**		
Street Address			Street Address		
170 Amaral Street			**525 Quaker Lane**		
City	State	Zip	City	State	Zip
East Providence	**RI**	**02914**	**West Warwick**	**RI**	**02893**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☑

Director Name			Director Name		
Robert Capalbo			**Sylvia Long**		
Street Address			Street Address		
PO Box 849			**Pojac Point Road**		
City	State	Zip	City	State	Zip
Charlestown	**RI**	**02813**	**North Kingstown**	**RI**	**02852**
Director Name			Director Name		
John Anderson, Jr.			**Ron Fiore**		
Street Address			Street Address		
170 Amaral Street			**525 Quaker Lane**		
City	State	Zip	City	State	Zip
East Providence	**RI**	**02914**	**West Warwick**	**RI**	**02893**

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

File Date JUL 18 2014
Check No. BY 2057
By:
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 of Officer or Authorized Representative — Date 7/12/14

Robert Capalbo
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

109362-7-076611