

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.		2. Exact name of the limited liability company ARCOT Company, L.L.C.					
112241		• •					
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island Providing transportation, moving and storage services.					
Rhode Island	Providin						
5. Principal office address 99 James P. Murphy Highway		City West Warwick	State RI	Zip 02893			
8. MAILING ADDRESS OF	LIMITED LIABILE	TY COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:			
Contact Name Peter Arpin			Contact Title				
Street Address 99 James P. Murphy Highway			City West Warwick	State RI	Zip 02893		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		PRESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	(PPLICABLE - <u>DO</u>	NOT LIST MEMBERS		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name	<u> </u>		Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN R	HODE ISLAND						
This information is curren	tly of record in th	e Office of the Seci	retary of State. Changes require fili	ng Form 642.			

FILED

0072420149

File Date	Under penalty of perjury, I declare and affirm that I have e this report, including any accompanying schedules and s and that all statements contained herein are true and con	statements
Check No	10/2	-2// <i>4</i> Date
BY:FOR SECRETARY OF STATE USE ONLY	Peter Arpin Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012