

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

Form 630 Rev. 08/08

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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

Filing Recordance 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(e)dd) is subject to a tomplay for of \$25.00

, Corporate ID No. 32099	2. Name of Corporation Arpin Enterprise	s, Inc.	Lau	State	Zip
3. Street Address Principal Business Office 99 James P. Murphy Highway		West Warwick	Rhode Island	02893	
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Characte To engage in the business 7. NAMES AND ADDRESSI	s of providing transpor	tation services of all type	oes. CHMENT) [FILL IN S	PACES BEFORE USING A	TTACHMENTS
President Name David Arpin			Vice President Name David Arpin		
Street Address 99 James P. Murphy Highway			Street Address 99 James P. Murphy Highway		
City West Warwick	State Rhode Island	^{Zip} 02893	City West Warwick	State Rhode Island	^{Ζφ} 02893
Secretary Name David Arpin			Treasurer Name David Arpin		
Street Address 99 James P. Murphy Highway			Street Address 99 James P. Murphy Highway		
City Woot Wanvick	State Rhode Island	^{Zip} 02893	City West Warwick	State Rhode Island	^{Zip} 02893
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name David Arpin			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Peter Arpin		
Street Address 99 James P. Murphy Highway			Street Address 99 James P. Murphy Highway		
City West Warwick	State Rhode Island	Zip 02893	City West Warwick	State Rhode Island	Zip 02893
Director Name Matthew Dolan Street Address			Director Name Street Address		
99 James P. Murphy H	State	Zip	City	State	Zip
West Warwick Rhode Island 02893 9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			150	Common	None
This report must be execu	ted on behalf of the co	rporation by an authoriz	ted representative. If the	corporation is in the hands	s of a receiver or truste
this report must be execut	ed on behalf of the cor	poration by the received	of flustee.		
FILED			including any acc	perjury, I declare and affirm to companying schedules and sta	hat I have examined this atements, and that all state
File Date		MAR 0 2 2015	contained herein	are true and correct	per)-27
Check No.	• •	6992	Signature David Arpin		Date
			Print or Type Nam		
By:			President		

Title