

## 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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

1. Entity ID No.		2. Exact name of the Corporation				
536171	ATSI A	ATSI Acquisition Corp.				
3. Principal office address  99 James P. Murphy Highway			City West Warwick	State RI	Zip <b>02893</b>	
4. Business Phone No. <b>(401) 828-8111</b>			5. State of Incorporation  Rhode Island			
6. Brief description of the cha To provide transport				company.		
7. LISTEALE OFFICERS (N.	MES AND ADD	HESSES) (#X*#BOX FOR A	ia/Vääi/leviä <b>i l</b> ev <b>i</b> e			
President Name  David Arpin			Vice-President Name Peter Arpin			
Street Address 99 James P. Murphy Highway			Street Address 99 James P. Murphy Highway			
City West Warwick	State RI	Zip <b>02893</b>	City West Warwick	State RI	Zip <b>02893</b>	
Secretary Name Michael Killoran			Treasurer Name  David Arpin			
Street Address 99 James P. Murphy Highway			Street Address 99 James P. Murphy Highway			
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City West Warwick	State RI	Zip <b>02893</b>	
8. LIST <u>ALL</u> DIRECTORS (	NAMES AND ADI	RESSES) ("X" BOX FOR	ATTACHMENT .	zoden en e		
Director Name  David Arpin			Director Name Peter Arpin			
Street Address 99 James P. Murphy	Highway		Street Address 99 James P. Mu	urphy Highway		
City <b>West Warwick</b>	State RI	Zip <b>02893</b>	City West Warwick	State RI	Zip <b>02893</b>	
Director Name  Michael Killoran			Director Name			
Street Address 99 James P. Murphy Highway			Street Address			
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip	
9. SHARES AUTHORIZED	Aging Life.		10. SHARES ISSUE	("X" BOX FOR ATTAC	HMENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet.		100	Common	None		
This report must be execute	this report mu	ist be executed on behalf o	f the corporation by the r	receiver or trustee. erjury, I declare and aff	ds of a receiver or trustee,	

File Date Check No FILED By: MAR 0 2 2015	this report, including any accompanying schedules and state and that all statements contained herein are true and correct.  Signature of Authorized Representative  Date
FOR SECRETARY OF STATE USE ONLY (D)	David Arpin, President  Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012