



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.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 97105		2. Exact name of the Corporation Arpin Transportation Brokerage Services, Inc.			
3. Principal office address 99 James P. Murphy Highway		City West Warwick	State RI	Zip 02893	
4. Business Phone No. (401) 828-8111		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in the business of providing relocation services of all types, both interstate and intrastate.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
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 02893	City West Warwick	State RI	Zip 02893
Secretary Name Michael Killoran		Treasurer Name David Arpin			
Street Address 99 James P. Murphy Highway		Street Address 99 James P. Murphy Highway			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name David Arpin		Director Name Peter Arpin			
Street Address 99 James P. Murphy Highway		Street Address 99 James P. Murphy Highway			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Michael Killoran		Director Name			
Street Address 99 James P. Murphy Highway		Street Address			
City West Warwick	State RI	Zip 02893	City	State	Zip
9. SHARES AUTHORIZED					
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	
		2,000	Common	\$1.00	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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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.

David Arpin 2-27-15
Signature of Authorized Representative Date

David Arpin, President

Print or Type Name of Authorized Representative