



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

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.**

* In accordance 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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 487901		2. Name of Corporation ARI PRODUCTS, INC.			
3. Street Address Principal Business Office 102 Gaither Drive, Suite 3			City Mount Laurel	State NJ	Zip 08054
4. Business Phone No. 973-773-2777		5. State of Incorporation NEW JERSEY			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide shop services, warehousing, project management, construction services and any other lawful purposes.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Ross Gilfillan			Vice President Name Terrence Barone		
Street Address 102 Gaither Drive, Suite 3			Street Address One Madison Street		
City Mount Laurel	State NJ	Zip 08054	City East Rutherford	State NJ	Zip 07073
Secretary Name Janice Villa			Treasurer Name Ross Gilfillan		
Street Address 102 Gaither Drive, Suite 3			Street Address 102 Gaither Drive, Suite 3		
City Mount Laurel	State NJ	Zip 08054	City Mount Laurel	State NJ	Zip 08054
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			1,325	n/a	\$3,000

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 **BY** _____

FILED

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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.

Signature

Ross Gilfillan

Print or Type Name

President

Title

Date