



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 807555		2. Exact name of the Corporation Arpin Charitable Fund, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Exclusively for charitable, educational and scientific purposes, including the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3)			
5. Principal office address 99 James P. Murphy Highway		City West Warwick	State RI	Zip 02893	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Mark Dearborn		Vice-President Name Brian Asay			
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 Christina Sarza		Treasurer Name Michael Killoran			
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
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Mark Dearborn		Director Name Brian Asay			
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 Christina Sarza		Director Name			
Street Address 99 James P. Murphy Highway		Street Address			
City West Warwick	State RI	Zip 02893	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY 625555

FILED

MAY 28 2015

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 of Officer or Authorized Representative

Date

Brian Asay, Vice President

Print or Type Name of Officer or Authorized Representative