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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 2016

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.	2. Exact name of the Corporation
1316	ARLINGTON RV SUPERCENTER, INC.

3. Principal office address	City	State	Zip
966 QUAKER LANE	EAST GREENWICH	RI	02818

4. Business Phone No.	5. State of Incorporation
(401) 884-7550	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
SALES AND SERVICE OF RECREATIONAL VEHICLES

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
LINDA L. TARRO	5 CATALPA WAY	COVENTRY	RI	02816

Vice-President Name	Street Address	City	State	Zip
SANDRA J. O'LEARY	60 HULING LANE	EAST GREENWICH	RI	02818

Secretary Name	Street Address	City	State	Zip
LINDA L. TARRO	5 CATALPA WAY	COVENTRY	RI	02816

Treasurer Name	Street Address	City	State	Zip
SANDRA J. O'LEARY	60 HULING LANE	EAST GREENWICH	RI	02818

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
LINDA L. TARRO	5 CATALPA WAY	COVENTRY	RI	02816

Director Name	Street Address	City	State	Zip
SANDRA J. O'LEARY	60 HULING LANE	EAST GREENWICH	RI	02818

Director Name	Street Address	City	State	Zip
LUCILLE A. MORAN	9 JUNIPER HILL DRIVE	COVENTRY	RI	02816

Director Name	Street Address	City	State	Zip
NONE				

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	COMMON	NO PAR

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 BV

FILED
JAN 19 2016
12740

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.

Linda L. Tarro — 01/14/2016
Signature of Authorized Representative — Date

LINDA L. TARRO, PRESIDENT
Print or Type Name of Authorized Representative

Form No. 630 131310-8-1063385
Revised: 01/2012