



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

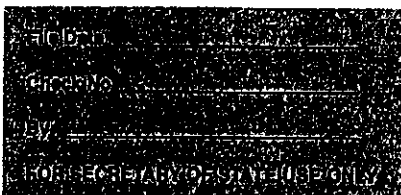
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

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. 47550		2. Exact name of the Corporation Arbor & Company, LTD.		
3. Principal office address 875 Centerville Road, Bldg. 3, Unit 10		City Warwick	State RI	Zip 02886
4. Business Phone No. (401) 826-1700		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Accounting Services				
INSTALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT				
President Name Elaine F. Arbor		Vice-President Name Elaine F. Arbor		
Street Address 41 Buena Vista Drive		Street Address 41 Buena Vista Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
Secretary Name Elaine F. Arbor		Treasurer Name Elaine F. Arbor		
Street Address 41 Buena Vista Drive		Street Address 41 Buena Vista Drive		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI
INSTALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT				
Director Name same		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
		100	Common	\$1 PV

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.



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.

Elaine F. Arbor 1/20/16
Signature of Authorized Representative Date

Elaine F. Arbor, President

Print or Type Name of Authorized Representative

FILED

JAN 22 2016

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