



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000118006

2. Name of Corporation ARM Program

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 225 METRO CENTER BLVD

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO HAVE THE POWER TO PURCHASE LIABILITY INSURANCE ON A GROUP BASIS TO COVER THE SIMILAR OR RELATED EXPOSURE OF THE CORPORATION'S MEMBERS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	TOM TRAN	1065 AVE OF AMERICAS NEW YORK , NY 10018 USA
SECRETARY	FREDERICA OCONNOR	100 SUNNYSIDE BLVD WOODBURY , NY 11797 US

PRESIDENT	MARC I COHEN	1065 AVENUE OF THE AMERICAS NEW YORK, NY 10018- USA
DIRECTOR	FREDERICA OCONNOR	100 SUNNYSIDE BOULEVARD WOODBURY, NY 11787 USA
DIRECTOR	MARC COHEN	1065 AVE OF AMERICAS NEW YORK , NY 10018 USA
DIRECTOR	FREDERCIA OCONNOR	100 SUNNYSIDE BLVD WOODBURY , NY 11797 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JANE A. WILLIAMS 175 METRO CENTER BOULEVARD, SUITE 10 WARWICK , RI 02886

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

Signed this 16 Day of June, 2016 at 1:18:29 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By TOM TRAN
Signature of Authorized Person

Form No. 631
Revised 09/07