



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 20 2017

BY

113725

1. Entity ID Number 000442165		2. Exact name of the Corporation Frost-Arnett Company			
3. Principal Office Address 2105 Elm Hill Pike, Ste 200			City Nashville	State TN	Zip 37210
4. NAICS Code 56 - Administrative and Support		6. Brief description of the character of business conducted in Rhode Island Collection of past due receivables			
5. State of Incorporation TN					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Sachtleben			Vice-President Name		
Street Address 2105 Elm Hill Pike, Ste 200			Street Address		
City Nashville	State TN	Zip 37210	City	State	Zip
Secretary Name Tom Needels			Treasurer Name Tom Needels		
Street Address 2105 Elm Hill Pike, Ste 200			Street Address 2105 Elm Hill Pike, Ste 200		
City Nashville	State TN	Zip 37210	City Nashville	State TN	Zip 37210
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Charles C. Martin			Director Name		
Street Address 2105 Elm Hill Pike			Street Address		
City Nashville	State TN	Zip 37210	City	State	Zip
Director Name Brenda Martin			Director Name		
Street Address 2105 Elm Hill Pike			Street Address		
City Nashville	State TN	Zip 37210	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		6642		A	0.00
		32444		B	0.00
11. 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.					
Name of Authorized Representative Thomas K. Needels				Date 01/16/2017	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016