

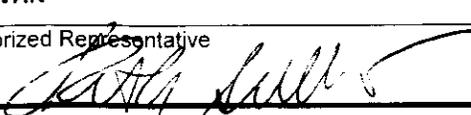


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

1. Entity ID Number 51249		2. Exact name of the Corporation ARLEN CORPORATION			
3. Principal Office Address 117 METRO CENTER BLVD., SUITE 2006			City WARWICK	State RI	Zip 02886
4. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island FINANCIAL PRODUCTS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name PETER A. SULLIVAN			Vice-President Name		
Street Address 117 METRO CENTER BLVD., SUITE 2006			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name ADAM SULLIVAN			Treasurer Name PETER A. SULLIVAN		
Street Address 117 METRO CENTER BLVD., SUITE 2006			Street Address 117 METRO CENTER BLVD., SUITE 2006		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PETER A. SULLIVAN			Director Name JANICE W. SULLIVAN		
Street Address 117 METRO CENTER BLVD., SUITE 2006			Street Address 117 METRO CENTER BLVD., SUITE 2006		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
		132.84		COMMON	NO PAR
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 PETER A. SULLIVAN					Date 2-13-2017
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

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FEB 13 2017

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ARLEN CORPORATION #51249

2017 Annual Report

7. Officers (cont'd)

Adam Sullivan
Executive Vice President
117 Metro Center Blvd.
Suite 2006
Warwick, RI 02886

Frank P. McGoff
Executive Vice President
117 Metro Center Blvd.
Suite 2006
Warwick, RI 02886