



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

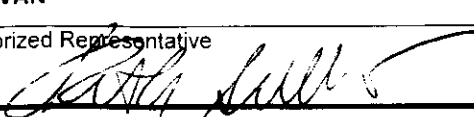
Annual Report for the year: **2017**

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<br><b>51249</b>  |  | 2. Exact name of the Corporation<br><b>ARLEN CORPORATION</b> |   |                    |                          |
| 3. Principal Office Address<br><b>117 METRO CENTER BLVD., SUITE 2006</b>   |  | City<br><b>WARWICK</b>                                       |   | State<br><b>RI</b> | Zip<br><b>02886</b>      |
| 4. NAICS Code<br><b>81 - Other Services (except Pul</b>  | 6. Brief description of the character of business conducted in Rhode Island<br><b>FINANCIAL PRODUCTS</b> |  |   |                    |                          |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>   |  |  |   |                    |                          |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>  |  |  |   |                    |                          |
| President Name <b>PETER A. SULLIVAN</b>  |  |  | Vice-President Name   |                    |                          |
| Street Address <b>117 METRO CENTER BLVD., SUITE 2006</b>   |  |  | Street Address  |                    |                          |
| City <b>WARWICK</b>  | State <b>RI</b>  | Zip <b>02886</b>   | City  | State              | Zip                      |
| Secretary Name <b>ADAM SULLIVAN</b>  |  |  | Treasurer Name <b>PETER A. SULLIVAN</b>   |                    |                          |
| Street Address <b>117 METRO CENTER BLVD., SUITE 2006</b>   |  |  | Street Address <b>117 METRO CENTER BLVD., SUITE 2006</b>  |                    |                          |
| City <b>WARWICK</b>  | State <b>RI</b>  | Zip <b>02886</b>   | City <b>WARWICK</b>   | State <b>RI</b>    | Zip <b>02886</b>         |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |  |  |   |                    |                          |
| Director Name <b>PETER A. SULLIVAN</b>   |  |  | Director Name <b>JANICE W. SULLIVAN</b>   |                    |                          |
| Street Address <b>117 METRO CENTER BLVD., SUITE 2006</b>   |  |  | Street Address <b>117 METRO CENTER BLVD., SUITE 2006</b>  |                    |                          |
| City <b>WARWICK</b>  | State <b>RI</b>  | Zip <b>02886</b>   | City <b>WARWICK</b>   | State <b>RI</b>    | Zip <b>02886</b>         |
| Director Name  |  |  | Director Name   |                    |                          |
| Street Address   |  |  | Street Address  |                    |                          |
| City   | State  | Zip  | City  | State              | Zip                      |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.   |  |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                          |
|  |  |  | NUMBER OF SHARES  | CLASS/SERIES       | PAR VALUE                |
|  |  |  | <b>132.84</b>   | <b>COMMON</b>      | <b>NO PAR</b>            |
|  |  |  |   |                    |                          |
| 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.<br><b>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.</b> |  |  |   |                    |                          |
| Name of Authorized Representative<br><b>PETER A. SULLIVAN</b>  |  |  |   |                    | Date<br><b>2-13-2017</b> |
| Signature of Authorized Representative<br>  |  |  |   |                    |                          |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**  
**FEB 13 2017**

FORM 630 - Revised: 10/2016

2017

**6536**

**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