



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 99529		2. Exact name of the Corporation Intermodal Credit Corporation		
3. Principal Office Address 99 James P. Murphy Highway		City West Warwick	State RI	Zip 02893
4. NAICS Code 48-49 - Transportation and War	6. Brief description of the character of business conducted in Rhode Island To provide financing to affiliated and non-affiliated companies.			
5. State of Incorporation Rhode Island				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name David Arpin		Vice-President Name David Arpin		
Street Address 99 James P. Murphy Highway		Street Address 99 James P. Murphy Highway		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI
Secretary Name David Arpin		Treasurer Name David Arpin		
Street Address 99 James P. Murphy Highway		Street Address 99 James P. Murphy Highway		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name David Arpin		Director Name Peter Arpin		
Street Address 99 James P. Murphy Highway		Street Address 99 James P. Murphy Highway		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI
Director Name Michael Killoran		Director Name		
Street Address 99 James P. Murphy Highway		Street Address		
City West Warwick	State RI	Zip 02893	City	State
9. Shares Authorized				
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
		NUMBER OF SHARES 1,000	CLASS/SERIES Common	PAR VALUE \$1.00
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 David Arpin			Date 2/28/17	
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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