

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:	2017
Cornoration	

- → Filing period: January 1 March 1
- → Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fe	ee if form is no	t filed by April 1.						
Entity ID Number	2. Exact name of the Corporation							
1356	Arpin Van Lines, Inc.							
3. Principal Office Address			City		State	Zip		
99 James P. Murphy Highway			West Warw	ick	RI	02893		
4. NAICS Code	6. Brief descr	iption of the charac	ter of business c	onducted in Rh	ode Island			
48-49 - Transportation and War	Moving services.							
5. State of Incorporation	]							
Rhode Island								
7. List ALL officers (names and add	st ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name David Arpin	id 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	Zip 02893		
Secretary Name David Arpin		1.5/25/- 1	Treasurer Name David Arpin					
Street Address 99 James P. Murphy Highway		Street Address 99 James P. Murphy Highway						
City West Warwick	State RI	<sup>Zip</sup> 02893	City West Warwick		State RI	<sup>Zip</sup> 02893		
8. List ALL directors (names and a	ddresses)			C	heck the box to inc	licate an attachment		
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	<sup>Zip</sup> <b>02893</b>		
				Director Name				
Street Address 99 James P. Murphy Highway		Street Address						
City West Warwick	State RI	<sup>Zip</sup> 02893	City		State	Zip		
9. Shares Authorized		10. Shares Iss	ued	C	heck the box to inc	licate an attachment 🔲		
This information is currently of record in the Department of State.  Changes require an additional filing.  2,880		F SHARES	CLASS	/SERIES	PAR VALUE  None			
		<u> </u>						
		1 -		В		None		
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					2	2/28/17		
Signature of Authorized Representative 1 (Vacuation Under Communication								

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: 02/2017