State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000066233

2. Name of Corporation AUTOMOTIVE RISK MANAGEMENT ASSOCIATION

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code 6

813990

4. Corporate Address in Rhode Island

No. and Street: 321 SOUTH MAIN STREET
SUITE 301
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

ENGAGE IN ACTIVITIES RELATING TO GROUP SELF-INSURANCE OF WORKERS' COMPENSATION LIABILITY FOR MEMBERS OF THE CORPORATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title

Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT CAPALBO	P.O. BOX 849 CHARLESTOWN, RI 02813 USA
TREASURER	RON FIORE	525 QUAKER LANE WEST WARWICK, RI 02893 USA
VICE PRESIDENT	SYLVIA LONG	67 POJAC POINT ROAD NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	JOHN ANDERSON, JR.	170 AMARAL STREET EAST PROVIDENCE, RI 02914 USA
DIRECTOR	ROBERT CAPALBO	P.O. BOX 849 CHARLESTOWN, RI 02813 USA
DIRECTOR	SYLVIA LONG	67 POJAC POINT ROAD NORTH KINGSTOWN, RI 02852 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MARVIN HOMONOFF, ESQ. 321 SOUTH MAIN STREET, SUITE 301 PROVIDENCE , RI 02903

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 8 Day of June, 2017 at 10:53:46 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By /MARVIN HOMONOFF/
Signature of Authorized Person

Form No. 631
Revised 09/07