RI SOS Filing Number: 201755403940 Date: 12/27/2017 2:08:00 PM

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State of Rhode Island						_		200 000 000	
Department of	State - Busi	ness	Services I	Division			!	DEC DEC	
Annual Report for the									
Corporation	•			1					
→ Filing period: January	1 - March 1							ㅠ 공증품	
→ Filing Fee: \$50.00					꽃 궁중하				
→ Penalty: Additional \$25.	.00 fee if form is	not fil	ed by April 1.					<u> </u>	
(5 th 15 th 15 th	2. Exact name o	f tha C	Compension					용 조취	
1. Entity ID Number	ARB, Inc.	i ilile (Sorporation						
000130315	ARB, IIIC.			Cike		State		Zip	
Principal Office Address				City	CA	92630			
26000 Commercentre Drive							32030		
4. Business Phone Number				5. State of Incorporation					
(949) 454-7106				California					
Brief description of the char	acter of business	cond	ucted in Rhode	Island					
Construction Services						<u> </u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachm									
President Name Scott Summers				Vice-President Name None					
Street Address 26000 Commercentre Drive				Street Address					
City Lake Forest	State		^{ip} 92630	City		State		Zip	
Secretary Name John M. Perisich				Treasurer Name David Fehrenbach					
Street Address 26000 Commercentre Drive				Street Address 26000 Commercentre Drive					
City Lake Forest	State CA	Zip g	2630	City Lake Forest		<u> </u>		^{Zip} 92630	
8. List ALL directors (names a	and addresses)			I Disease Nome		he box to	indicate a	n attachment 🔼	
Director Name John M. Perisich				Director Name David L. King					
Street Address 26000 Commercentre Drive				Street Address 2100 McKinney Avenue, #1500					
^{City} Lake Forest	State CA		2630	^{City} Dallas		State TX		^{Zip} 75201	
9. Shares Authorized 10			IO. Shares Issued Check to NUMBER OF SHARES CLASSISFRIES			he box to indicate an attachment PAR VALUE			
This information is currently of record in the Department of State. Changes require an additional filing.			250,000	CWP		\$20.0			
11. This report must be execu or trustee, this report must be	executed on beh	half of	the corporation	by the receiv	er or trustee.				
Under penalty of perjury, I	declare and affir	m tha	t I have exami	ned this repo	ort, including any acc	ompanyir	ng sched	ules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative							Date		
John M. Perisich			12/13	/2017					
Signature of Authorized Repr	esentative					<u> </u>			
Signature of Head of Repli	Coommittee		SIGN DOO	UMENT I	IERE				
					a:08pm			-	

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED**

DEC 27 2017

BY 320658 KM "

FORM 630 - Revised: 05/2016

State of Rhode Island and Providence Plantations Department of State – Business Services Division Annual Report Attachment

ARB, Inc. Entity ID Number 000130315

Additional Directors

Scott Summers 26000 Commercentre Drive Lake Forest, CA 92630

Timothy Healy 26000 Commercentre Drive Lake Forest, CA 92630

Peter J. Moerbeek 2100 McKinney Avenue, #1500 Dallas, TX 75201