



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.

SECRETARY OF STATE
 CORPORATIONS DIV.
 2017 DEC 27 PM 2: 06

1. Entity ID Number 000130315		2. Exact name of the Corporation ARB, Inc.			
3. Principal Office Address 26000 Commercentre Drive			City Lake Forest	State CA	Zip 92630
4. Business Phone Number (949) 454-7106		5. State of Incorporation California			
6. Brief description of the character of business conducted in Rhode Island Construction Services (236115)					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Scott Summers			Vice-President Name None		
Street Address 26000 Commercentre Drive			Street Address		
City Lake Forest	State CA	Zip 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 92630	City Lake Forest	State CA	Zip 92630
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
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	Zip 92630	City Dallas	State TX	Zip 75201
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		250,000		CWP	\$20.0000
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. <i>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.</i>					
Name of Authorized Representative John M. Perisich					Date 12/13/2017
Signature of Authorized Representative SIGN DOCUMENT HERE					

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

2:15 pm
FILED
 DEC 27 2017
 BY 320658
 KM