



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

2018

FILED

JAN 25 2018

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY

55523

1. Entity ID Number 487901		2. Exact name of the Corporation ARI PRODUCTS, INC.			
3. Principal Office Address 102 Gaither Drive, Suite 3			City Mount Laurel	State NJ	Zip 08054
4. NAICS Code 212321		6. Brief description of the character of business conducted in Rhode Island To provide shop services, warehousing, project management, construction services and any other lawful purposes.			
5. State of Incorporation NEW JERSEY					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ross Gilfillan			Vice-President Name Terrence Barone		
Street Address 102 Gaither Drive, Suite 3			Street Address One Madison Street		
City Mount Laurel	State NJ	Zip 08054	City East Rutherford	State NJ	Zip 07073
Secretary Name Janice Villa			Treasurer Name Ross Gilfillan		
Street Address 102 Gaither Drive, Suite 3			Street Address 102 Gaither Drive, Suite 3		
City Mount Laurel	State NJ	Zip 08054	City Mount Laurel	State NJ	Zip 08054
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	CLASS/SERIES	PAR VALUE
			1,325	n/a	\$3,000
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 Ross Gilfillan, President					Date 1-15-18
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					