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State of Rhode Island and Providence Plantations

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

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation						
51249	ARLEN CORPORATION						
	AINELIA	ORI ORATIO	City		Tour		
3. Principal Office Address					State	Zip	
117 METRO CENTER BLVD., SUITE 2006		WARWICK		RI	02886		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
J41690	FINANCIAL PRODUCTS						
5 State of Incorporation							
RHODE ISLAND							
7. List ALL officers (names and add	iresses)				he box to ir	ndicate an attachment 🗵	
President Name PETER A. SULLIVAN			Vice-President Name				
Street Address 117 METRO CENTER BLVD., SUITE 2006			Street Address				
<sup>City</sup> WARWICK	State RI	Zip <b>02886</b>	City		State	Zip	
Secretary Name ADAM SULLIVAN			Treasurer Name PETER A. SULLIVAN				
Street Address 117 METRO CENTER BLVD., SUITE 2006			Street Address 117 METRO CENTER BLVD., SUITE 2006				
City WARWICK	State RI	<sup>Zip</sup> 02886	City WARWICK		State RI	<sup>Zıp</sup> <b>02886</b>	
8. List ALL directors (names and a	ddresses)		•	Check t	he box to ir	ndicate an attachment 🔲	
Director Name PETER A. SULLIVAN			Director Name JANICE W. SULLIVAN				
Street Address 117 METRO CENTER BLVD., SUITE 2006			Street Address 117 METRO CENTER BLVD., SUITE 2006				
City WARWICK	State RI	<sup>Zip</sup> 02886	City WARWICK		State RI	Z <sub>IP</sub> <b>0288</b> 6	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	10. Shares Issu		ued	red Check the box to indicate an attachment			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		C. ASS/SERIES			
		132.84		COMMON		NO PAR	
11. This report must be executed o					ation is in t	he hands of a receiver or	
trustee, this report must be execute						-hadden and	
Under penalty of perjury, I decla statements, and that all stateme				ncluding any accom	panying so	chedules and	
Name of Authorized Representativ					Date	1	
						3/2018	
Signature of Authorized Represent	ative	SIGNIDO	CHMENT JEDE				
Signature of Authorized Representative  SIGN DOCUMENT HERE FILED							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri gov FEB 2 8 2018

## **ARLEN CORPORATION #51249**

## 2018 Annual Report

7. Officers (cont'd)

Adam Sullivan Executive Vice President 117 Metro Center Blvd. Suite 2006 Warwick, RI 02886

Frank P. McGoff Executive Vice President 117 Metro Center Blvd. Suite 2006 Warwick, RI 02886

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FILED
FEB 28 2018
BY [180105]
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