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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

1. Entity ID Number	y ID Number 2. Exact name of the Corporation								
97105		Arpin Transportation Brokerage Services, Inc.							
3. Principal Office Address			City		State	tate Zip			
99 James P. Murphy Highway			West Warw	West Warwick		02893			
4. NAICS Code 81 2990	To engage i	6. Brief description of the character of business conducted in Rhode Island To engage in the business of providing relocation services of all types, both interstate and intrastate.							
5. State of Incorporation Rhode Island	mitrastate.	ma asate.							
7. List ALL officers (names an	d addresses)			Check	the box to	indicate a	an attachment		
President Name David Arpin	I	Vice-President Name Peter Arpin							
Street Address 99 James P. M	Street Address 99 James P. Murphy Highway								
City West Warwick	State RI	Zip 02893	City West W	State RI		^{Zip} 02893			
Secretary Name Michael Killoran			Treasurer Name David Arpin						
Street Address 99 James P. Murphy Highway			Street Address 99 James P. Murphy Highway						
City West Warwick	State RI	^{Z_{IP}} 02893	City West W	State Ri		^{Zip} 02893			
8. List ALL directors (names a	nd addresses)		I	Check	the box to	indicate :	an attachment		
Director Name David Arpin			Director Name	Director Name Peter Arpin					
Street Address 99 James P. Murphy Highway			Street Address 99 James P. Murphy Highway						
City West Warwick	State RI	Zip 02893	Crity West Warwick		State RI	i	Zip 02893		
Director Name Michael Killora	Director Name								
Street Address 99 James P. M	Street Address								
City West Warwick	State RI	Zip 02893	City		State		Zip		
9. Shares Authorized		10. Shares Iss		Check	the box to	indicate a	an attachment		
This information is currently of record in the Department of State.		2,000	F SHARES	CLASS/SERIES Common		PAR VALUE			
Changes require an additional t	filing.			<u>.</u>	 	†			
11. This report must be executrustee, this report must be ex					oration is in	the hand	Is of a receiver or		
Under penalty of perjury, I d	leclare and affirm t	hat I have examin	ed this report, i	ncluding any accor	mpanying s	chedule	s and		
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date / /									
David Arpin (h)a	<u> </u>			2/1,	/19				
Signature of Authorized Repre	esentative	VERDAME.	ettish at at its	CIL:::					
				FFD 1 1 00	ιΛ				

MAIL TO:

Division of Business Services

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

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