



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
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 536171		2. Exact name of the Corporation ATSI Acquisition Corp.			
3. Principal Office Address 99 James P. Murphy Highway			City West Warwick	State RI	Zip 02893
4. NAICS Code 48-49 493190		6. Brief description of the character of business conducted in Rhode Island To provide transportation services and management; and as a holding company			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Arpin			Vice-President Name Peter Arpin		
Street Address 99 James P. Murphy Highway			Street Address 99 James P. Murphy Highway		
City West Warwick	State RI	Zip 02893	City West Warwick	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	Zip 02893	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Arpin			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	City West Warwick	State RI	Zip 02893
Director Name Michael Killoran			Director Name		
Street Address 99 James P. Murphy Highway			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
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
		100		Common	None
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 David Arpin <i>David Arpin</i>				Date 2/11/19	
Signature of Authorized Representative				FEB 11 2019	

MAIL TO:
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