



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 99529		2. Exact name of the Corporation Intermodal Credit Corporation			
3. Principal Office Address 99 James P. Murphy Highway			City West Warwick	State RI	Zip 02893
4. NAICS Code 522911		6. Brief description of the character of business conducted in Rhode Island To provide financing to affiliated and non-affiliated companies.			
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 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
Secretary Name David Arpin			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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,000		Common	\$1.00
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 David Arpin <i>David Arpin</i>					Date 2/1/19
Signature of Authorized Representative					FILED

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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