



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.

FILED

MAR 21 2019

BY

47468

1. Entity ID Number 47408		2. Exact name of the Corporation A.R.M. ENGINEERING, INC.			
3. Principal Office Address 211 Main Street		City Ashaway		State RI	Zip 02804
4. NAICS Code 541690		6. Brief description of the character of business conducted in Rhode Island Civil Engineering & Land Surveying			
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 Tyrel E. Rhodes		Vice-President Name N/A			
Street Address 59A Alton Bradford Road		Street Address			
City Bradford	State RI	Zip 02808	City	State	Zip
Secretary Name N/A		Treasurer Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	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
		1000		Common	No Par Value
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 Tyrel E. Rhodes, President				Date 3/7/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov