RI SOS Filing Number: 201995174800 Date: 6/3/2019 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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CORPORATIONS DIV
2019 JUN -3 AM 11:43

Annual Report for the year: 2019
Non-Profit Corporation
→ Filing period June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
000066233	AUTOMOTIVE RISK MANAGEMENT ASSOCIATION
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Engage in activities relating to group self-insurance of workers compensation liability for members of the corporation
4. NAICS Code: 813910 - Business Associatior	

6. Principal Office Address	City	State	Zip
56 Exchange Terrace, 5th Floor	Providence	RI	02903

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Robert Capalbo			Vice-President Name: Ron Fiore		
Street Address: P.O. Box 849			Street Address: 525 Quaker Lane		
City: Charlestown	State: RI	Zip: 02813	City: West Warwick	State: RI	Zip: 02893
Secretary Name: John Anderson, Jr.			Treasurer Name: Ron Fiore		
Street Address: 170 Amaral Street			Street Address: 525 Quaker Lane		
City: East Providence	State: RI	Zip: 02914	City: West Warwick	State: RI	Zip: 02893

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: John Anderson, Jr.			Director Name: Robert Capalbo		
Street Address: 170 Amaral Street			Street Address: P.O. Box 849		
City: East Providence	State: RI	Zip: 02914	City: Charlestown	State: RI	Zip: 02813
Director Name: Ron Fiore			Director Name:		
Street Address: 525 Quaker Lane			Street Address:		
City: West Warwick	State: RI	Zip: 02893	City:	State:	Zip:

9 Registered Agent in Rhode Island: This information is currently of record in the Department of State. Changes require filing Form 641

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
Robert Capalbo	5/16/19
Signature of Officer/Authorized Representative	

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JUN 03 2019
BY 09VZYM

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 03/2019