



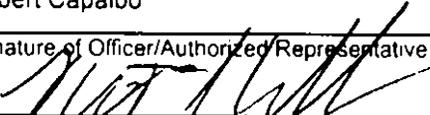
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

REC-15
 SECRETARY OF STATE
 CORPORATION 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 000066233		2. Exact name of the Corporation 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 Association					
6. Principal Office Address 56 Exchange Terrace, 5th Floor			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
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: <input type="checkbox"/>					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Robert Capalbo					Date 5/16/19
Signature of Officer/Authorized Representative 					11:43 FILED JUN 03 2019 BY [Signature]

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