RI SOS Filing Number: 202040468040 Date: 5/19/2020 11:36:00 AM



# State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

## Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

- 1. Corporate ID No. 000098172
- **2. Name of Corporation** <u>AUTOMOTIVE RISK MANAGEMENT ASSOCIATION SAFETY</u> GROUP, INC.
- 3. State of Incorporation

State: RI

#### **ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code

6

Fee: \$20.00

813910

#### 4. Corporate Address in Rhode Island

No. and Street: 56 EXCHANGE TERRACE, 5TH FLOOR

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

#### PURCHASE OF WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

# THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT CAPALBO	P.O. BOX 849 CHARLESTOWN, RI 02813 USA
TREASURER	RON FIORE	525 QUAKER LN WEST WARWICK, RI 02893 USA
SECRETARY	JOHN ANDERSON JR	170 AMARAL ST EAST PROVIDENCE, RI 02914 USA
VICE PRESIDENT	RON FIORE	525 QUAKER LN WEST WARWICK, RI 02893 USA
DIRECTOR	JOHN ANDERSON JR.	170 AMARAL STREET EAST PROVIDENCE, RI 02915 USA
DIRECTOR	ROBERT CAPALBO	P.O. BOX 849 CHARLESTOWN, RI 02813 USA
DIRECTOR	RON FIORE	525 QUAKER LN WEST WARWICK, RI 02893 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MARVIN HOMONOFF, ESQ. 56 EXCHANGE TERRACE PROVIDENCE, RI 02903

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

Signed this 19 Day of May, 2020 at 11:46:20 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

### By MARVIN HOMONOFF

Signature of Authorized Person

Form No. 631 Revised 09/07

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