



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

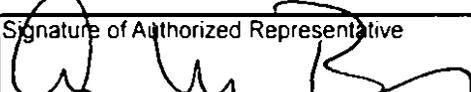
Annual Report for the year: **2021**
 Corporation

FILED STAMP

FEB 18 2021 FOR

52215

- 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 91378 | | 2. Exact name of the Corporation ARECAM ENTERPRISES, INC. | | | |
| 3. Principal Office Address 800 CARRS POND ROAD | | | City EAST GREENWICH | State RI | Zip 02818 |
| 4. NAICS Code 531390 | | 6. Brief description of the character of business conducted in Rhode Island THE PURCHASE, SALE, LEASING, HOLDING, CONSTRUCTING AND DEVELOPMENT OF REAL ESTATE. | | | |
| 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 ANGELA M. BRIGGS | | | Vice-President Name | | |
| Street Address 800 CARRS POND ROAD | | | Street Address | | |
| City EAST GREENWICH | State RI | Zip 02818 | City | State | Zip |
| Secretary Name ANGELA M. BRIGGS | | | Treasurer Name ANGELA M. BRIGGS | | |
| Street Address 800 CARRS POND ROAD | | | Street Address 800 CARRS POND ROAD | | |
| City EAST GREENWICH | State RI | Zip 02818 | City EAST GREENWICH | State RI | Zip 02818 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name ANGELA M. BRIGGS | | | Director Name | | |
| Street Address 800 CARRS POND ROAD | | | Street Address | | |
| City EAST GREENWICH | State RI | Zip 02818 | 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 | | PAR VALUE |
| | | | CLASS/SERIES | | |
| | | | 100 | COMMON | NONE |
| 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 ANGELA M. BRIGGS, PRESIDENT | | | | | Date 1/27/2021 |
| Signature of Authorized Representative  | | | | | SIGN DOCUMENT HERE |

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