



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

FILED

Annual Report for the year: 2021

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FEB 25 2021
 BY *[Signature]*

1. Entity ID Number 000121863		2. Exact name of the Corporation Arpin Group, Inc.				
3. Principal Office Address 99 James P. Murphy Highway			City West Warwick	State RI	Zip 02893	
4. NAICS Code 493190		6. Brief description of the character of business conducted in Rhode Island To provide transportation services and management.				
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 David Arpin			Vice-President Name Peter Arpin			
Street Address 99 James P. Murphy Highway			Street Address 99 James P. Murphy Highway			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893	
Secretary Name David Arpin			Treasurer Name Peter Arpin			
Street Address 99 James P. Murphy Highway			Street Address 99 James P. Murphy Highway			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
Director Name David Arpin			Director Name Peter Arpin			
Street Address 99 James P. Murphy Highway			Street Address 99 James P. Murphy Highway			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893	
Director Name Michael Killoran			Director Name			
Street Address 99 James P. Murphy Highway			Street Address			
City West Warwick	State RI	Zip 02893	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	
			4,557,199		Common	\$0.01
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 <i>[Signature]</i> David Arpin					Date February 11, 2021	
Signature of Authorized Representative					SIGN DOCUMENT HERE	

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