



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

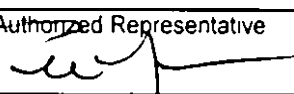
Annual Report for the year: **2021**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED**FEB 25 2021**BY 

1. Entity ID Number 000053959		2. Exact name of the Corporation Arpin International 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 International moving services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Peter Arpin			Vice-President Name David 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 ☐					
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VA: UF
			300	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.					
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 Peter Arpin				Date February 11, 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