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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 25 2021

BY

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.

1. Entity ID Number	2 Exact name of the Corporation
000053959	Arpin International Group, Inc.

3. Principal Office Address	City	State	Zip
99 James P. Murphy Highway	West Warwick	RI	02893

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
493190	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	Vice-President Name
Peter Arpin	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	Director Name
David Arpin	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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	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	Date
Peter Arpin	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

FORM 630 - Revised: 10/2017