



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2021**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

**FILED****JUL 26 2021****STAMP**BY 81031

1. Entity ID Number <b>000066233</b>		2. Exact name of the Corporation <b>AUTOMOTIVE RISK MANAGEMENT ASSOCIATION</b>			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island  Engage in activities relating to group self-insurance of workers compensation liability for members of the corporation			
4. NAICS Code 813910 - Business Associations					
6. Principal Office Address 56 Exchange Terrace, 5th Floor			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert Capalbo</b>			Vice-President Name <b>Ron Fiore</b>		
Street Address <b>P.O. Box 849</b>			Street Address <b>525 Quaker Lane</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>John Anderson, Jr.</b>			Treasurer Name <b>Ron Fiore</b>		
Street Address <b>170 Amaral Street</b>			Street Address <b>525 Quaker Lane</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>John Anderson, Jr.</b>			Director Name <b>Robert Capalbo</b>		
Street Address <b>170 Amaral Street</b>			Street Address <b>P.O. Box 849</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
Director Name <b>Ron Fiore</b>			Director Name		
Street Address <b>525 Quaker Lane</b>			Street Address		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <b>Robert Capalbo</b>				Date <b>7/9/21</b>	
Signature of Officer/Authorized Representative 					

## MAIL TO:

Division of Business Services

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