



State of Rhode Island
Department of State - Business Services Division

FILED

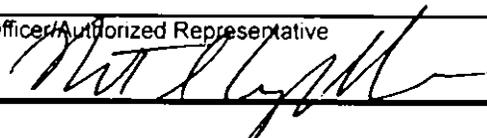
JUL 26 2021 STAMP

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.

BY 1031

1. Entity ID Number 000066233		2. Exact name of the Corporation AUTOMOTIVE RISK MANAGEMENT ASSOCIATION			
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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Capalbo			Vice-President Name Ron Fiore		
Street Address P.O. Box 849			Street Address 525 Quaker Lane		
City Charlestown	State RI	Zip 02813	City West Warwick	State RI	Zip 02893
Secretary Name John Anderson, Jr.			Treasurer Name Ron Fiore		
Street Address 170 Amaral Street			Street Address 525 Quaker Lane		
City East Providence	State RI	Zip 02914	City West Warwick	State RI	Zip 02893
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John Anderson, Jr.			Director Name Robert Capalbo		
Street Address 170 Amaral Street			Street Address P.O. Box 849		
City East Providence	State RI	Zip 02914	City Charlestown	State RI	Zip 02813
Director Name Ron Fiore			Director Name		
Street Address 525 Quaker Lane			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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>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 Robert Capalbo				Date 7/9/21	
Signature of Officer/Authorized Representative 					

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