



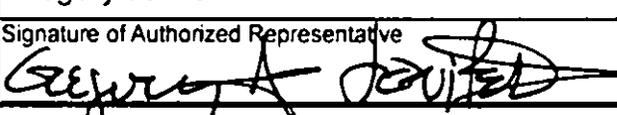
State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2023

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED  
 STATE DEPT. OF STATE  
 2023 APR 12 A 10:07

1. Entity ID Number 000614465		2. Exact name of the Corporation Armand Resource Group, Inc.			
3. Principal Office Address One University Plaza, Suite 314			City Hackensack	State NJ	Zip 07601
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island D/M/WBE Program design/implementation services, EEO, workforce, Davis Bacon, LEP, ADA, Environmental Justice & IPSIG Oversight Services			
5. State of Incorporation New Jersey					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Gregory Jenifer			Vice-President Name		
Street Address One University Plaza, Suite 314			Street Address		
City Hackensack	State NJ	Zip 07601	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		CNP	0
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. <i>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>					
Name of Authorized Representative Gregory Jenifer				Date April 7, 2023	
Signature of Authorized Representative 			<b>FILED</b>		

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

APR 12 2023  
 BY ML PJDTR