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State of Rhode Island
Department of State - Business Services DivisionAnnual 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.

FILED
APR 18 2023
BY 63821
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1. Entity ID Number 000487901		2. Exact name of the Corporation Ari Products, Inc.			
3. Principal Office Address 102 Gaither Drive, Suite 3			City Mount Laurel	State NJ	Zip 08054
4. NAICS Code 212321		6. Brief description of the character of business conducted in Rhode Island To Provide Shop Services, Warehousing, Project Management, and Construction Services			
5. State of Incorporation New Jersey					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ross Gilfillan			Vice-President Name Terrance Barone		
Street Address 102 Gaither Drive, Suite 3			Street Address One Madison Street		
City Mount Laurel	State NJ	Zip 08054	City East Rutherford	State NJ	Zip 07073
Secretary Name Elizabeth Fernandez			Treasurer Name Ross Gilfillan		
Street Address 102 Gaither Drive, Suite 3			Street Address 102 Gaither Drive, Suite 3		
City Mount Laurel	State NJ	Zip 08054	City Mount Laurel	State NJ	Zip 08054
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,325		STK	\$3,000
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 Elizabeth Fernandez, Secretary					Date 4-12-23
Signature of Authorized Representative <i>Elizabeth Fernandez, Secretary</i>					

MAIL TO:
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