



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

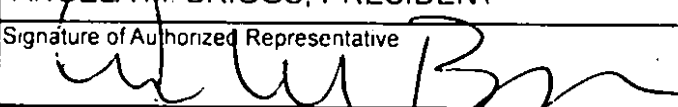
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 23 2024

BY 16089

1. Entity ID Number <b>91378</b>		2. Exact name of the Corporation <b>ARECAM ENTERPRISES, INC.</b>			
3. Principal Office Address <b>800 CARRS POND ROAD</b>		City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	
4. NAICS Code <b>531390</b>	6. Brief description of the character of business conducted in Rhode Island <b>THE PURCHASE, SALE, LEASING, HOLDING, CONSTRUCTING AND DEVELOPMENT OF REAL ESTATE.</b>				
5. State of Incorporation <b>RHODE ISLAND</b>					
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>ANGELA M. BRIGGS</b>			Vice-President Name		
Street Address <b>800 CARRS POND ROAD</b>			Street Address		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name <b>ANGELA M. BRIGGS</b>			Treasurer Name <b>ANGELA M. BRIGGS</b>		
Street Address <b>800 CARRS POND ROAD</b>			Street Address <b>800 CARRS POND ROAD</b>		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ANGELA M. BRIGGS</b>			Director Name		
Street Address <b>800 CARRS POND ROAD</b>			Street Address		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NONE</b>
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. <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>					
Name of Authorized Representative <b>ANGELA M. BRIGGS, PRESIDENT</b>				Date <b>3/6/24</b>	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: [www.sos.ri.gov](http://www.sos.ri.gov)

FORM 630- Revised 12/2023