



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
MAY 23 2024
BY *[Signature]*

1. Entity ID Number 000047408		2. Exact name of the Corporation A.R.M. ENGINEERING, INC.			
3. Principal Office Address 211 Main Street 59A ALTON BRADFORD Rd		City Ashaway HOPKINTON		State RI	Zip 02808
4. NAICS Code 541690		6. Brief description of the character of business conducted in Rhode Island Civil Engineering & Land Surveying			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Tyrel E. Rhodes			Vice-President Name N/A		
Street Address 59A Alton Bradford Road			Street Address		
City Bradford	State RI	Zip 02808	City	State	Zip
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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
		1000	Common	No Par Value	
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 Tyrel E. Rhodes				Date 5/2/24	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
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