



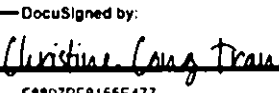
**State of Rhode Island
Department of State - Business Services Division**

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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.

1. Entity ID Number 001742480		2. Exact name of the Corporation ARM, INC.			
3. Principal Office Address 120 ROSE ORCHARD WAY			City SAN JOSE	State CA	Zip 95134
4. NAICS Code 334410		6. Brief description of the character of business conducted in Rhode Island Designing computer processors.			
5. State of Incorporation DELAWARE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name RENE HAAS			Vice-President Name		
Street Address 120 ROSE ORCHARD WAY			Street Address		
City SAN JOSE	State CA	Zip 95134	City	State	Zip
Secretary Name CHRISTINE TRAN			Treasurer Name JASON CHILD		
Street Address 120 ROSE ORCHARD WAY			Street Address 120 ROSE ORCHARD WAY		
City SAN JOSE	State CA	Zip 95134	City SAN JOSE	State CA	Zip 95134
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name RENE HAAS			Director Name JASON CHILD		
Street Address 120 ROSE ORCHARD WAY			Street Address 120 ROSE ORCHARD WAY		
City SAN JOSE	State CA	Zip 95134	City SAN JOSE	State	Zip
Director Name SPENCER COLLINS			Director Name		
Street Address 120 ROSE ORCHARD WAY			Street Address		
City SAN JOSE	State CA	Zip 95134	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1,000		COMMON STOCK	
				PAR VALUE	
				S0.001	
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 CHRISTINE TRAN, SECRETARY					Date 11 July 2024
Signature of Authorized Representative					
DocuSigned by:  F8897BF8155E477					MAILED 200 JUL 15 2024 BY GR66w

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