

# State of Rhode Island Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

# Foreign Business Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2025**: <u>2025</u>

1. Corporate ID No. 001758405

2. Name of Corporation ARI Phoenix, Inc.

3. Street Address Principal Business Office:

No. and Street: 11163 WOODWARD LN

City or Town: CINCINNATI State: OH Zip: 45241-1856 Country: USA

4. Business Phone No.

513-229-3750

5. State of Incorporation

State: OH

#### **NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

811198

6. Brief Description of the Character of Business Conducted in Rhode Island

ARI PHOENIX, INC IS ENTERING A PARTICIPATING ADDENDUM CW7252 WITH THE STATE

OF RHODE ISLAND UNDER AWARDED NASPO VEHICLE LIFTS AND GARAGE ASSOCIATED EQUIPMENT.

IN GENERAL, ARI IS A MANUFACTURER, DISTRIBUTOR AND SERVICE PROVIDER

## OF

### EQUIPMENT USED IN THE MAINTENANCE OF HEAVY DUTY VEHICLES.

### 7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

| Title | Individual Name<br>First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country |  |
|-------|--|---|--|
| CEO   | GARETH Y HUDSON                                | 11163 WOODWARD LN<br>SHARONVILLE, OH 45241 USA          |  |
| CFO   | APRIL ELDRIDGE                                 | 11163 WOODWARD LN<br>SHARONVILLE, OH 45241 USA          |  |

#### 8. Shares Authorized and Issued

| Class of Stock | Series of Stock Par Value |          |                         | Total Issued and |
|----------------|---------------------------|----------|-------------------------|------------------|
|                |                           |          | Total Authorized Shares | Num of           |
|                |                           |          | Number of Shares        | Shares           |
| CNP            |                           | \$0.0000 | 1,500.00                | 0                |

9. 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.

**Signed this 10 Day of April, 2025 at 3:02:25 PM.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

## By APRIL E. ELDRIDGE

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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