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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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	2. Exact name of the Corporation
001736520	ARW Engineers

3. Principal Office Address	City	State	Zip
1594 W Park Circle	Ogden	UT	84404

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541330	Consulting structural engineers
5. State of Incorporation: Utah	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Justin Naser	1594 W Park Circle	Ogden	UT	84404

Vice-President Name	Street Address	City	State	Zip
David Pierson	1594 W Park Circle	Ogden	UT	84404

Secretary Name	Street Address	City	State	Zip
Robert Moyle	1594 W Park Circle	Ogden	UT	84404

Treasurer Name	Street Address	City	State	Zip
Robert Moyle	1594 W Park Circle	Ogden	UT	84404

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Justin Naser	1594 W Park Circle	Ogden	UT	84404

Director Name	Street Address	City	State	Zip
David Pierson	1594 W Park Circle	Ogden	UT	84404

Director Name	Street Address	City	State	Zip
Robert Moyle	1594 W Park Circle	Ogden	UT	84404

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2800	Common	$1

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	Date
Justin D. Naser	6/17/25

Signature of Authorized Representative: Justin D Naser

FILED 12:18 P

JUN 23 2025

BY 5625J

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

FORM 630- Revised: 12/2023