State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

RECD RICC ESC
25 JUL 3 P10:02:5

1. Entity ID Number	2. Exact name of the Corporation		
000088549	ARM TRANSPORTATION INC.		
3. Principal Office Address	City	State	Zip
1 VICTORIA MOUNT	JOHNSTON	RI	02919
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541611	TO OPERATE AS A TRANSPORTATION BROKER.		
5. State of Incorporation			
RI			

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

President Name: MICHAEL D. EVELYN			Vice-President Name: JOSEPH A. CALISE JR		
Street Address: 22 SOLOMON ST			Street Address: 170 TEN ROD ROAD		
City: ATTLEBORO	State: MA	Zip: 02703	City: N. KINGSTOWN	State: RI	Zip: 02852
Secretary Name: MICHAEL D. EVELYN			Treasurer Name: JOSEPH A. CALISE JR.		
Street Address: 22 SOLOMON ST			Street Address: 170 TEN ROD ROAD		
City: ATTLEBORO	State: MA	Zip: 02703	City: N. KINGSTOWN	State: RI	Zip: 02852

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

Director Name: JOSEPH A. CALISE JR			Director Name: MICHAEL D. EVELYN		
Street Address: 170 TEN ROD ROAD			Street Address: 22 SOLOMON ST		
City: N. KINGSTOWN	State: RI	Zip: 02852	City: ATTLEBORO	State: MA	Zip: 02703
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 ☐

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

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	CNP	0.00

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: JOSEPH A. CALISE JR

Date: ✓07-03-25

Signature of Authorized Representative:

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

FILED 01:04 PM
JUL 08 2025
BY WHRLG

FORM 630- Revised 12/2021