



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.

REC'D RIDGESS BSO
25 JUL 8 AM 10:03:14

1. Entity ID Number 000088549		2. Exact name of the Corporation ARM TRANSPORTATION INC.			
3. Principal Office Address 1 VICTORIA MOUNT		City JOHNSTON		State RI	Zip 02919
4. NAICS Code 541611		6. Brief description of the character of business conducted in Rhode Island 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 Check the box to indicate an attachment ☐					
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 200	CLASS/SERIES CNP	PAR VALUE 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. <i>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.</i>					
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 10:08 A

JUL 08 2025

BY W H R L G