



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDG BSO
25 JUL 8 AM 10:03:09

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									
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 <input type="checkbox"/>												
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	City N. KINGSTOWN	State RI									
Zip 02703		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	City N. KINGSTOWN	State RI									
Zip 02703		Zip 02852										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
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	City ATTLEBORO	State MA									
Zip 02852		Zip 02703										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>CNP</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	CNP	0.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
200	CNP	0.00										
Changes require an additional filing.												
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
48 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JUL 08 2025

BY WHRLG