



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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 RIDOS BSD
25 JUL 8 AM 10:03:00

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	Zip 02703	City N. KINGSTOWN
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

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	Zip 02852	City ATTLEBORO
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City

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. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		200	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.

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 10:06A
JUL 08 2025
BY WHRCG