

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 812136

Entity Name: ARPIN VAN LINES, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

99 JAMES P MURPHY HIGHWAY
WEST WARWICK, RI 02893

New Principal Place of Business:

Current Mailing Address:

PO BOX 1302
EAST GREENWICH, RI 02818

New Mailing Address:

FEI Number: 05-0269014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FENNER, NATALIE S ESQ
FRANKLIN & PROKOPIK
10150 HIGHLAND MANOR DRIVE, SUITE 200
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVTD () Delete
Name: ARPIN, DAVID
Address: 99 JAMES P MURPHY HIGHWAY
City-St-Zip: WEST WARWICK, RI 02893

Title: D () Delete
Name: ARPIN, PAUL G
Address: 99 JAMES P MURPHY HIGHWAY
City-St-Zip: WEST WARWICK, RI 02893

Title: D () Delete
Name: ARPIN, PETER
Address: 141 JAMES P MURPHY HIGHWAY
City-St-Zip: WEST WARWICK, RI 02893

Title: SD () Delete
Name: BRAKS, EDWARD J
Address: 99 JAMES P MURPHY HWY
City-St-Zip: WEST WARWICK, RI 02893

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD J. BRAKS

SD

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date