

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2020 SEP 10 PM 1:21



State of Rhode Island and Providence Plantations **AMENDED**  
 Department of State - Business Services Division

Annual Report for the year: **2020**  
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>000668224</b>		2. Exact name of the Corporation <b>INTERNATIONAL CRUISE &amp; EXCURSION GALLERY, INC.</b>	
3. Principal Office Address <b>7720 N DOBSON RD</b>		City <b>SCOTTSDALE</b>	State <b>AZ</b>
		Zip <b>85256</b>	
4. NAICS Code <b>561510</b>	6. Brief description of the character of business conducted in Rhode Island <b>PROVIDES LEISURE TRAVEL SERVICES.</b>		
5. State of Incorporation <b>DE</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Michael Nelson</b>		Vice-President Name	
Street Address <b>7720 N DOBSON RD</b>		Street Address	
City <b>SCOTTSDALE</b>	State <b>AZ</b>	Zip <b>85256</b>	
Secretary Name <b>BRIAN FONTANA</b>		Treasurer Name <b>BRIAN FONTANA</b>	
Street Address <b>7720 N DOBSON RD</b>		Street Address <b>7720 N DOBSON RD</b>	
City <b>SCOTTSDALE</b>	State <b>CA</b>	Zip <b>85256</b>	City <b>SCOTTSDALE</b>
			State <b>AZ</b>
			Zip <b>85256</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized			
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		<b>25,000,000</b>	<b>CWP</b>
		<b>5,000,000</b>	<b>PWP</b>
		PAR VALUE	
		<b>\$0.0001</b>	<b>\$0.0001</b>
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 <b>BRIAN FONTANA</b>			Date <b>8/12/20</b>
Signature of Authorized Representative SIGN DOCUMENT HERE			

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**

SEP 10 2020  
 BY 1:21