



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 108843		2. Name of Corporation THE ICEE COMPANY			
3. Street Address Principal Business Office 4701 AIRPORT DR			City ONTARIO	State CA	Zip 91761
4. Business Phone No. 909-390-4233		5. State of Incorporation DE			
6. Brief Description of the Character of Business Conducted in Rhode Island WHOLESALE DISTRIBUTOR OF SYRUP					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAN FACHNER			Vice President Name KENT GALLOWAY		
Street Address 4701 AIRPORT DR			Street Address 4701 AIRPORT DR		
City ONTARIO	State CA	Zip 91761	City ONTARIO	State CA	Zip 91761
Secretary Name DENNIS MOORE			Treasurer Name DENNIS MOORE		
Street Address 6000 CENTRAL HWY			Street Address 6000 CENTRAL HWY		
City PENNSAUKEN	State NJ	Zip 08109	City PENNSAUKEN	State NJ	Zip 08109
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name G SHREIBER			Director Name DENNIS MOORE		
Street Address 6000 CENTRAL HWY			Street Address 6000 CENTRAL HWY		
City PENNSAUKEN	State NJ	Zip 08109	City PENNSAUKEN	State NJ	Zip 08109
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 300 Common @ \$.025 par value			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series COMMON	Par Value \$.025

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.

File Date	1-5-09
Check No.	00014736
By	<i>mmc</i>
FOR SECRETARY OF STATE USE ONLY	

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.

Kent Galloway 12/9/08
Signature Date
KENT GALLOWAY
Print or Type Name
VP CFO
Title