



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 02904-2611
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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. 31393	2. Name of Corporation I-CARD LIMITED		
3. Street Address Principal Business Office 50 JEFFERSON PARK ROAD	City WARWICK	State RI	Zip 02888
4. Business Phone No. 401-467-3000	5. State of Incorporation RHODE ISLAND		

5. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name WALLACE N. MACLEOD	Vice President Name WALLACE N. MACLEOD
Street Address 122 BRIARBROOK DRIVE	Street Address 122 BRIARBROOK DRIVE
City N. KINGSTOWN	City N. KINGSTOWN
State RI	State RI
Zip 02852	Zip 02852
Secretary Name WALLACE N. MACLEOD	Treasurer Name
Street Address 122 BRIARBROOK DRIVE	Street Address
City N. KINGSTOWN	City
State RI	State
Zip 02852	Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name WALLACE N. MACLEOD	Director Name
Street Address 122 BRIARBROOK DRIVE	Street Address
City N. KINGSTOWN	City
State RI	State
Zip 02852	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. SHARES AUTHORIZED

1,000 COMMON NO PAR VALUE
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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100		NPV

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 1-16-09
Check No. 1191
By: mmc
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.

Signature Wallace N. MacLeod Date 1/15/09
Print or Type Name WALLACE N. MACLEOD
Title PRESIDENT