



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 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. 164034		2. Name of Corporation Kathy's Ice Cream, Inc.			
3. Street Address Principal Business Office 18 Winthrop Street			City Woonsocket	State R.I.	Zip 02895
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island sale of ice cream - Seasonal					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Katherine D Papavasiliou			Vice President Name Katherine D. Papavasiliou		
Street Address 18 Winthrop Street			Street Address 18 Winthrop Street		
City Woonsocket	State R.I.	Zip 02895	City Woonsocket	State R.I.	Zip 02895
Secretary Name Katherine D. Papavasiliou			Treasurer Name Katherine D. Papavasiliou		
Street Address 18 Winthrop Street			Street Address 18 Winthrop Street		
City Woonsocket	State R.I.	Zip 02895	City Woonsocket	State R.I.	Zip 02895
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Katherine D. Papavasiliou			Director Name NONE		
Street Address 18 Winthrop Street			Street Address		
City Woonsocket	State R.I.	Zip 02895	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1,000 Common no par			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	Class/Series	Par Value
			0		

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	3-3-09
Check No.	349
By:	MNC
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: *[Signature]* Date: 4/2/09
Print or Type Name: NORMAN L G CHAMBERS
Title: *[Signature]*