



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.<br>18568                                                                                                                                        |              | 2. Name of Corporation<br>ICM Corporation |                                                                     |              |              |
| 3. Street Address Principal Business Office<br>300 Wampanoag Trail                                                                                                  |              |                                           | City<br>East Providence                                             | State<br>RI  | Zip<br>02915 |
| 4. Business Phone No.                                                                                                                                               |              | 5. State of Incorporation<br>Rhode Island |                                                                     |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Construction management services relating to construction renovation of real estate. |              |                                           |                                                                     |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                   |              |                                           |                                                                     |              |              |
| President Name<br>Ernest O. DiSaia                                                                                                                                  |              |                                           | Vice President Name<br>Ernest O. DiSaia                             |              |              |
| Street Address<br>300 Wampanoag Trail                                                                                                                               |              |                                           | Street Address<br>300 Wampanoag Trail                               |              |              |
| City<br>East Providence                                                                                                                                             | State<br>RI  | Zip<br>02915                              | City<br>East Providence                                             | State<br>RI  | Zip<br>02915 |
| Secretary Name                                                                                                                                                      |              |                                           | Treasurer Name<br>Ernest O. DiSaia                                  |              |              |
| Street Address                                                                                                                                                      |              |                                           | Street Address<br>300 Wampanoag Trail                               |              |              |
| City                                                                                                                                                                | State        | Zip                                       | City<br>East Providence                                             | State<br>RI  | Zip<br>02915 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                  |              |                                           |                                                                     |              |              |
| Director Name<br>None.                                                                                                                                              |              |                                           | Director Name                                                       |              |              |
| Street Address                                                                                                                                                      |              |                                           | Street Address                                                      |              |              |
| City                                                                                                                                                                | State        | Zip                                       | City                                                                | State        | Zip          |
| Director Name                                                                                                                                                       |              |                                           | Director Name                                                       |              |              |
| Street Address                                                                                                                                                      |              |                                           | Street Address                                                      |              |              |
| City                                                                                                                                                                | State        | Zip                                       | City                                                                | State        | Zip          |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                                              |              |                                           | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |              |
| AUTHORIZED SHARES                                                                                                                                                   |              |                                           | ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED               |              |              |
| Number of Shares                                                                                                                                                    | Class/Series | Par Value                                 | Number of Shares                                                    | Class/Series | Par Value    |
| 1,000                                                                                                                                                               | Common       | No Par Value                              | 150                                                                 | Common       | No Par Value |
|                                                                                                                                                                     |              |                                           |                                                                     |              |              |

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.

**FILED**

File Date SEP 15 2009  
Check No. By 098831  
By KMC

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.

E. Jerome Batty, Esq. 9-15-09  
Signature Date  
Print or Type Name  
Authorized Representative  
Title