



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. 000133093		2. Name of Corporation The Iceman, Inc.			
3. Street Address Principal Business Office 33 Northwood Drive		City Windham	State ME	Zip 04062	
4. Business Phone No. 207-893-0145		5. State of Incorporation Maine			
6. Brief Description of the Character of Business Conducted in Rhode Island Commercial Refrigeration					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Arthur Green		Vice President Name Tammy Green			
Street Address 33 Northwood Drive		Street Address 33 Northwood Drive			
City Windham	State ME	Zip 04062	City Windham	State ME	Zip 04062
Secretary Name NONE		Treasurer Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE		Director Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name NONE		Director Name NONE			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 3000.00	Class/Series CNP	Par Value 0.00

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 _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

DEC 10 2009

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: Tammy Green Date: 12/4/09
Print or Type Name: Tammy Green
Title: Vice President