

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 503819		t name of the limited liability company ICAM, LIC					
3. State of Formation 4. Brief description of the character of the business which Rhode Island Land holding company			h is actually conducted in Rhode Island	i			
5. Principal office address				City	State	Zip	
P.O. Box7881				Warwick	RI	02887	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name Richard H. Bloom				OR TITLE OF CONTACT PERSON: Contact Title			
Street Address				City	State	Zip	
P.O. Box 7881				Warwick	RI	02887	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)							
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City .	State	Zip	
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes F. Agent Name Kevin G. Dodd, Esq.				require filing of Form 642 - R.I.G.L. 7-16-11 Address			
Address 215 Broadway			City Providence		^{Zip} 02903		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

,	FILED
File Date	OCT 04 2011
Check No.	By MMC
<i>B</i> v:	19533
'	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 of Authorized Person Date

Richard H. Bloom, Member

Print or Type Name of Authorized Person