



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 34872 2. Name of Corporation Kim & Gary's Ice Cream Machine, Inc.
3. Street Address Principal Business Office 4288 Diamond Hill Road City Cumberland State RI Zip 02864
4. Business Phone No. (401) 333-5053 5. State of Incorporation Rhode Island 6. SIC Code 3236
7. Brief Description of the Character of Business Conducted in Rhode Island

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

President Name <u>Kim Caron</u>	Vice President Name <u>Gary Caron</u>
Street Address <u>4288 Diamond Hill Road</u>	Street Address <u>4288 Diamond Hill Road</u>
City <u>Cumberland</u> State <u>RI</u> Zip <u>02864</u>	City <u>Cumberland</u> State <u>RI</u> Zip <u>02864</u>

Secretary Name <u>Kim Caron</u>	Treasurer Name <u>Gary Caron</u>
Street Address <u>4288 Diamond Hill Road</u>	Street Address <u>4288 Diamond Hill Road</u>
City <u>Cumberland</u> State <u>RI</u> Zip <u>02864</u>	City <u>Cumberland</u> State <u>RI</u> Zip <u>02864</u>

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

Director Name	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

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

AUTHORIZED SHARES	Class/Series	Par Value
<u>2,000</u>	<u>Common</u>	<u>no par value</u>

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

ISSUED SHARES	Class/Series	Par Value
<u>none</u>		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

File Date: _____

Check No.: _____

By: _____
FOR SECRETARY OF STATE USE ONLY

[Signature] 8/23/04
Signature of Officer Date
Gary Caron
Print or Type Name of Officer
Vice President
Title of Officer