



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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
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 Retail Ice Cream Shop			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Kim Caron		Vice President Name Gary Caron	
Street Address 4288 Diamond Hill Road		Street Address 4288 Diamond Hill Road	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Secretary Name Kim Caron		Treasurer Name Gary Caron	
Street Address 4288 Diamond Hill Road		Street Address 4288 Diamond Hill Road	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
2,000 NO PAR	common	no par value	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
None			

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



* 3 4 8 7 2 *

File Date: 03-22-99

Check No.: 4980

By: [Signature]

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] 2/28/99
Signature of Officer Date

Kim Caron
Print or Type Name of Officer

President
Title of Officer