

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

*PUP CK # 4382
850*

Corporate ID: 0034872 Annual Report for the year: 1994

Name of Business Entity: KIM & GARY'S ICE CREAM MACHINE, INC.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

4288 Diamond Hill Road
Cumberland RI 02864

Phone: (401) 333-5053

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

GARY CARON VP
4288 Diamond Hill Road
Cumberland RI
02864

Brief statement of the character of business conducted in Rhode Island:

RETAIL ICE CREAM SHOP

Date of Organization: 1985 6/19/85 nlm

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

OFFICER TYPE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT (Check One)	<u>KIM CARON</u>	<u>4288 Diamond Hill Road</u>	<u>Cumberland RI</u>	<u>02864</u>
<input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	<u>GARY CARON</u>	<u>4288 Diamond Hill Road</u>	<u>Cumberland RI</u>	<u>02864</u>
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR				
<input type="checkbox"/> CHIEF OPERATING OFFICER OR				
<input type="checkbox"/> CUSTODIAN OF RECORDS OR				
<input type="checkbox"/> SECRETARY (Check One)				
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR				
<input type="checkbox"/> TREASURER (Check One)				

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>2,000 shares</u>	NUMBER
CLASS <u>Common stock</u>	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>without par value</u>	PAR VALUE OR WITHOUT PAR

Date 2/25, 19 94

By: Gary Caron
PRINT OR TYPE NAME OF OFFICER SIGNING

VP Vice President
TITLE OF OFFICER SIGNING

FILED

JUL 06 1994

By _____

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

GARY CARON
4288 DIAMOND HILL ROAD
CUMBERLAND RI 02864