



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Non-Profit  
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000966085

2. Name of Corporation Icing Smiles, Inc.

3. State of Incorporation

State: OH

4. Corporate Address in Rhode Island

No. and Street: 4725 DORSEY HALL DRIVE, SUITE A-807

City or Town: ELLCOTT CITY

State: RI Zip: 21042 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROVIDE CUSTOM CELEBRATION CAKES TO CRITICALLY ILL CHILDREN AND SIBLINGS.

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	RYAN WILKINS	259 KASTLEKOVE DRIVE LEWIS CENTER, OH 43035 USA
TREASURER	TRACY DONATE	9201 MATTHEW DRIVE MANASSAS PARK, VA 20111 USA
SECRETARY	TRACY QUISENBERRY	14894 MICHELE DRIVE GLENELG, MD 21737 USA
VICE PRESIDENT	KIM GRIMM	TRIDELPHIA MILL ROAD

		GLENELG, MD 21737 USA
DIRECTOR	ELISA STRAUSS	498 WEST END AVENUE APT 2-C NEW YORK, NY 10024 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 28 Day of June, 2015 at 2:38:20 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By TRACY QUISENBERRY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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