



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 146736		2. Exact name of the Corporation IDEOCELL, Inc.			
3. Principal office address 54 Oak Forest Drive			City Little Compton	State RI	Zip 02837
4. Business Phone No. 401-635-1681			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Software systems, architecture and development.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Albert F. Torre			Vice-President Name Albert F. Torre		
Street Address 550 Main Road			Street Address 550 Main Road		
City Phippsburg	State ME	Zip 04562	City Phippsburg	State ME	Zip 02837
Secretary Name Deborah G. Torre			Treasurer Name Deborah G. Torre		
Street Address 550 Main Road			Street Address 550 Main Road		
City Phippsburg	State ME	Zip 04562	City Phippsburg	State ME	Zip 04562
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Albert F. Torre			Director Name Deborah G. Torre		
Street Address 550 Main Road			Street Address 550 Main Road		
City Phippsburg	State ME	Zip 04562	City Phippsburg	State ME	Zip 04562
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No _____
 By: _____
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.

X X 1/13/16
 Signature of Authorized Representative Date

Albert F. Torre
 Print or Type Name of Authorized Representative

FILED
 JAN 21 2016
 BY HL 1508