



**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

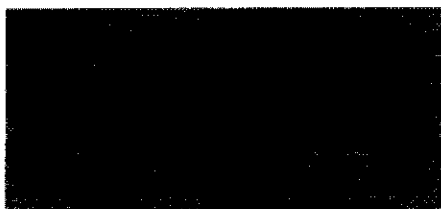
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

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. <b>105692</b>		2. Exact name of the Corporation <b>PIER ICE PLANT, INC.</b>			
3. Principal office address <b>132 Kingstown Road</b>		City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	
4. Business Phone No. <b>(401) 789-6090</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Sale of ice products at wholesale and retail</b>					
<b>President Name</b> <b>Robert Shumate</b>					
<b>Vice-President Name</b> <b>Kristina A. Kelly-Shumate</b>					
<b>Street Address</b> <b>132 Kingstown Road</b>			<b>Street Address</b> <b>122 Pond Street</b>		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
<b>Secretary Name</b> <b>Robert Shumate</b>			<b>Treasurer Name</b> <b>Robert Shumate</b>		
<b>Street Address</b> <b>132 Kingstown Road</b>			<b>Street Address</b> <b>132 Kingstown Road</b>		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
<b>Director Name</b>					
<b>Street Address</b>					
City	State	Zip	City	State	Zip
<b>Director Name</b>					
<b>Street Address</b>					
City	State	Zip	City	State	Zip
<b>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.</b>					
<b>NUMBER OF SHARES</b>		<b>CLASS/SERIES</b>		<b>PAR VALUE</b>	
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.



**FILED**

FEB 01 2016

16L 1960

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.

*Robert Z. Shumate* 1-25-16  
Signature of Authorized Representative Date

**Robert Shumate**

Print or Type Name of Authorized Representative