



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.

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|--|-------------|---|---|-------------|--------------|------------------|--------------|-----------|
| 1. Entity ID No. 521148 | | 2. Exact name of the Corporation ICI Services Coporation | | | | | | |
| 3. Principal office address 500 Viking Drive - Suite 200 | | City Virginia Beach | | State VA | Zip 23452 | | | |
| 4. Business Phone No. 757 - 340- 6970 | | 5. State of Incorporation Virginia | | | | | | |
| 6. Brief description of the character of business conducted in Rhode Island Services support to the Navy | | | | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | | | |
| President Name Dennis McCarley | | | Vice-President Name | | | | | |
| Street Address 500 Viking Drive - Suite 200 | | | Street Address | | | | | |
| City Virginia Beach | State VA | Zip 23452 | City | State | Zip | | | |
| Secretary Name Brian Kozlowski | | | Treasurer Name James Harrison | | | | | |
| Street Address 500 Viking Drive - Suite 200 | | | Street Address 500 Viking Drive - Suite 200 | | | | | |
| City Virginia Beach | State VA | Zip 23452 | City Virginia Beach | State VA | Zip 23452 | | | |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | | | |
| Director Name NONE | | | Director Name | | | | | |
| Street Address | | | Street Address | | | | | |
| City | State | Zip | City | State | Zip | | | |
| Director Name | | | Director Name | | | | | |
| 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 |
| | | | | | | 1000000 | A | 0 |

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.

FILED

FEB 02 2016

By 2166704

A.A. 10:14 A.M.

Signature of Authorized Representative
Brian Kozlowski

01/21/2016

Date

Print or Type Name of Authorized Representative