



**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 2015**

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>521148</b>		2. Exact name of the Corporation <b>ICI Services Coporation</b>	
3. Principal office address <b>500 Viking Drive - Suite 200</b>		City <b>Virginia Beach</b>	State <b>VA</b>
		Zip <b>23452</b>	
4. Business Phone No. <b>757 - 340- 6970</b>		5. State of Incorporation <b>Virginia</b>	
6. Brief description of the character of business conducted in Rhode Island <b>Services support to the Navy</b>			
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>			
President Name <b>Dennis McCarley</b>		Vice-President Name	
Street Address <b>500 Viking Drive - Suite 200</b>		Street Address	
City <b>Virginia Beach</b>	State <b>VA</b>	Zip <b>23452</b>	
Secretary Name <b>Brian Kozlowski</b>		Treasurer Name <b>James Harrison</b>	
Street Address <b>500 Viking Drive - Suite 200</b>		Street Address <b>500 Viking Drive - Suite 200</b>	
City <b>Virginia Beach</b>	State <b>VA</b>	Zip <b>23452</b>	
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>			
Director Name <b>NONE</b>		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
<b>9. SHARES AUTHORIZED</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>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>			
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.

Signature of Authorized Representative **Brian Kozlowski** Date **01/21/2016**  
Print or Type Name of Authorized Representative

**FILED**  
**FEB 02 2016**  
**By 266704**  
**A.A. 10:13 A.m.**

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