



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. <u>90717</u>		2. Exact name of the Corporation <u>I.C. MANAGEMENT, INC</u>		
3. Principal office address <u>320 THOMAS ST / SUITE 984</u>		City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>
4. Business Phone No. <u>401-397-7427</u>		5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>CAPITAL MANAGEMENT</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>WALTER BOLEW</u>		Vice-President Name <u>SAMIE</u>		
Street Address <u>320 THOMAS ST / SUITE 984</u>		Street Address		
City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>	City	State
Secretary Name <u>SAMIE</u>		Treasurer Name <u>SAMIE</u>		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>WALTER BOLEW</u>		Director Name <u>NONE</u>		
Street Address <u>320 THOMAS ST / SUITE 984</u>		Street Address		
City <u>NEWPORT</u>	State <u>RI</u>	Zip <u>02840</u>	City	State
Director Name <u>NONE</u>		Director Name <u>NONE</u>		
Street Address		Street Address		
City	State	Zip	City	State
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 <u>100</u>	CLASS/SERIES <u>COMMON</u>	PAR VALUE <u>NO PAR VALUE</u>

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 CORPORATIONS DIV
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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 _____

FILED

Check No _____

MAR 10 2016

By: _____

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.

Walter Bolew
 Signature of Authorized Representative Date 2/29/16

FOR SECRETARY OF STATE USE ONLY BY CA 269741

WALTER BOLEW
 Print or Type Name of Authorized Representative