



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 BOLCON</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 BOLCON</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 Bolcon
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY BY CA 269741

WALTER BOLCON
 Print or Type Name of Authorized Representative