



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. 133093		2. Exact name of the Corporation The Iceman, Inc			
3. Principal office address 7C Commons Ave			City Windham	State ME	Zip 04062
4. Business Phone No. 207-893-0145		5. State of Incorporation Maine			2016 APR - 4 AM 11:13
6. Brief description of the character of business conducted in Rhode Island HVAC & R					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Arthur Green			Vice-President Name Tammy Green		
Street Address 20 William Knight Road			Street Address 20 William Knight Road		
City Windham	State ME	Zip 04062	City Windham	State ME	Zip 040621
Secretary Name Tammy Green			Treasurer Name Tammy Green		
Street Address 20 William Knight Road			Street Address 20 William Knight Road		
City Windham	State ME	Zip 04062	City Windham	State ME	Zip 04062
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Arthur Green			Director Name Tammy Green		
Street Address 20 William Knight Road			Street Address 20 William Knight Road		
City Windham	State ME	Zip 04062	City Windham	State ME	Zip 04062
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
			3000	CNP	9:26

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

FILED

APR 06 2016

BY CU 271723

9:29

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.

Tammy Green
 Signature of Authorized Representative

04/01/2016

Date

Tammy Green Vice President

Print or Type Name of Authorized Representative