



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 108843		2. Exact name of the Corporation THE ICEE COMPANY			
3. Principal Office Address 1205 S DUPONT AVE		City ONTARIO	State CA	Zip 91761	
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island WHOLESALE DISTRIBUTOR OF SYRUP				
5. State of Incorporation DELAWARE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAN FACHNER		Vice-President Name KENT GALLOWAY			
Street Address 1205 S DUPONT AVE		Street Address 1205 S DUPONT AVE			
City ONTARIO	State CA	Zip 91761	City ONTARIO	State CA	Zip 91761
Secretary Name DENNIS MOORE		Treasurer Name DENNIS MOORE			
Street Address 6000 CENTRAL HWY		Street Address 6000 CENTRAL HWY			
City PENNSAUKEN	State NJ	Zip 08109	City PENNSAUKEN	State NJ	Zip 08109
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name GERALD SCHREIBER		Director Name DENNIS MOORE			
Street Address 6000 CENTRAL HWY		Street Address 6000 CENTRAL HWY			
City PENNSAUKEN	State NJ	Zip 08109	City PENNSAUKEN	State NJ	Zip 08109
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	COMMON	NPV	
11. 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. 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.					
Name of Authorized Representative ESTELLA DIZON				Date 01/10/17	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JAN 17 2017

BY 00142453