



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

STAMP

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 105692		2. Exact name of the Corporation PIER ICE PLANT, INC.			
3. Principal Office Address 132 Kingstown Road			City Narragansett	State RI	Zip 02882
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Sale of ice products at wholesale and retail			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Shumate			Vice-President Name Kristina A. Kelly-Shumate		
Street Address 132 Kingstown Road			Street Address 122 Pond Street		
City Narragansett	State RI	Zip 02882	City Wakefield	State RI	Zip 02879
Secretary Name Robert Shumate			Treasurer Name Robert Shumate		
Street Address 132 Kingstown Road			Street Address 132 Kingstown Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		PAR VALUE
			100	Common	No Par Value
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 Robert Shumate				Date 1-22-17	
Signature of Authorized Representative <i>Robert Shumate</i>					

SIGN DOCUMENT HERE

FILED

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

JAN 27 2017

By 2176

KLM