RI SOS Filing Number: 201737536390 Date: 3/6/2017 4:00:00 PM

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	2. Exact name of the Corporation		
80573	**IDC, Inc.**		
3. Principal Office Address	City	State	Zip
5 Marina Plaza	**Newport**	**RI**	**02840**
4. NAICS Code 53	6. Brief description of the character of business conducted in Rhode Island		
5. State of Incorporation **RHODE ISLAND**	**TO ENGAGE IN THE BUSINESS OF OWNERSHIP AND DEVELOPMENT OF REAL ESTATE**		

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Thomas R Roos**			Vice-President Name **None**		
Street Address **P.O. Box 6871**			Street Address		
City **Incline Village**	State **NV**	Zip **89450**	City	State	Zip
Secretary Name **Thomas R Roos**			Treasurer Name **Thomas R Roos**		
Street Address **P.O. Box 6871**			Street Address **P.O. Box 6871**		
City **Incline Village**	State **NV**	Zip **89450**	City **Incline Village**	State **NV**	Zip **89450**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Thomas R Roos**			Director Name		
Street Address **P.O. Box 6871**			Street Address		
City **Incline Village**	State **NV**	Zip **89450**	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**1000**	**common**	**$.01**

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	Date
Michael Lenahan	3/2/17
Signature of Authorized Representative	

ON DOCUMENT FILED

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

MAR 0 6 2017
BY 17627 QS

FORM 630 - Revised: 02/2017