



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 20648		2. Exact name of the Corporation ISLAND MANAGEMENT, INC.	
3. Principal Office Address 1223 GREEN END AVENUE		City MIDDLETOWN	State RI
		Zip 02842	
4. NAICS Code 81	6. Brief description of the character of business conducted in Rhode Island RESTAURANT PROPERTY MANAGEMENT AND TO ACQUIRE, HOLD, MANAGE, SELL AND LEASE PROPERTY FOR INVESTMENT AND OTHER LEGAL PURPOSES		
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 KOMES ROZES		Vice-President Name KOMES ROZES	
Street Address 1223 GREEN END AVENUE		Street Address 1223 GREEN END AVENUE	
City MIDDLETOWN	State RI	City MIDDLETOWN	State RI
Zip 02842		Zip 02842	
Secretary Name KOMES ROZES		Treasurer Name KOMES ROZES	
Street Address 1223 GREEN END AVENUE		Street Address 1223 GREEN END AVENUE	
City MIDDLETOWN	State RI	City MIDDLETOWN	State RI
Zip 02842		Zip 02842	
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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		CLASS/SERIES	
		PAR VALUE	
		200	COMMON
			NO PAR
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. <i>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.</i>			
Name of Authorized Representative 		Date 3/10/17	
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

APR 03 2017

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