




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

Annual Report for the year: **2018**
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 000034872		2. Exact name of the Corporation KIM & GARY'S ICE CREAM MACHINE, INC.			
3. Principal Office Address 4288 DIAMOND HILL ROAD		City CUMBERLAND		State RI	Zip 02864
4. NAICS Code 722515	6. Brief description of the character of business conducted in Rhode Island RETAIL ICE CREAM SHOP				
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 KIM CARON			Vice-President Name GARY CARON		
Street Address 72 LIPPITT AVENUE			Street Address 72 LIPPITT AVENUE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name SARAH CARON			Treasurer Name ZACHARY CARON		
Street Address 4288 DIAMOND HILL ROAD			Street Address 4288 DIAMOND HILL ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KIM CARON			Director Name		
Street Address 72 LIPPITT AVENUE			Street Address		
City CUMBERLAND	State RI	Zip 02864	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"/>					
NUMBER OF SHARES			CLASS/SERIES		PAR VALUE
100			COMMON		NO PAR
Changes require an additional filing.					
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 GARY CARON					Date 12/29/17
Signature of Authorized Representative  SIGN DOCUMENT HERE					

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

FEB 16 2018

FORM 630 - Revised: 10/2017

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