RI SOS Filing Number: 201859355190 Date: 2/28/2018 4:00:00 PM

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 FEB 28 AM 11:50

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	2. Exact name of the Corporation
90717	I. C. MANAGEMENT, INC.

3. Principal Office Address	City	State	Zip
326 THAMES ST. / SUITE 984	NEWPORT	RI	02840

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
~~523~~ 541618	CAPITAL MANAGEMENT
5. State of Incorporation	
RI	

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

President Name	Vice-President Name
WALTER BOLCON	SAME
Street Address	Street Address
320 THAMES ST / SUITE 984	
City / State / Zip	City / State / Zip
NEWPORT / RI / 02840	
Secretary Name	Treasurer Name
SAME	SAME
Street Address	Street Address
City / State / Zip	City / State / Zip

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

Director Name	Director Name
WALTER BOLCON	NONE
Street Address	Street Address
320 THAMES ST. / SUITE 984	
City / State / Zip	City / State / Zip
NEWPORT / RI / 02840	
Director Name	Director Name
NONE	NONE
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. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	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	Date
WALTER BOLCON	2/27/18

Signature of Authorized Representative: Walter Bolcon, Pres. SIGN DOCUMENT HERE

FILED
FEB 28 2018
BY 325478

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

FORM 630 - Revised: 10/2017