



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB 28 AM 11:50

1. Entity ID Number 90717		2. Exact name of the Corporation I.C. MANAGEMENT, INC.			
3. Principal Office Address 320 THAMES ST./SUITE 984		City NEWPORT		State RI	Zip 02840
4. NAICS Code 55341618		6. Brief description of the character of business conducted in Rhode Island CAPITAL MANAGEMENT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name WALTER BOLCON			Vice-President Name SAMIE		
Street Address 320 THAMES ST./SUITE 984			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Secretary Name SAMIE			Treasurer Name SAMIE		
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 WALTER BOLCON			Director Name NONE		
Street Address 320 THAMES ST./SUITE 984			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐			
		NUMBER OF SHARES 100		CLASS/SERIES Common	PAR VALUE 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 WALTER BOLCON				Date 2/27/18	
Signature of Authorized Representative Walter Bolcon, Pres.				SIGN DOCUMENT HERE FILED FEB 28 2018 BY [Signature] 325 478	