



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 90717		2. Name of Corporation I. C. Management, Inc.			
3. Street Address Principal Business Office 18 Acres of Pine Road			City Coventry	State RI	Zip 02816
4. Business Phone No. (401)387-7427		5. State of Incorporation RHODE ISLAND			6. SIC Code 7245
7. Brief Description of the Character of Business Conducted in Rhode Island ASSET HOLDING, MANAGEMENT AND LEASING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Walter Bolcon			Vice President Name None		
Street Address 18 Acres of Pine Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Walter Bolcon			Treasurer Name Walter Bolcon		
Street Address 18 Acres of Pine Road			Street Address 18 Acres of Pine Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Walter Bolcon			Director Name None		
Street Address 18 Acres of Pine Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**FILED**

File Date MAY 13 2005

Check No. BY CMC

By: ME6037

FOR SECRETARY OF STATE USE ONLY

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.

Walter Bolcon 5/11/05  
Signature of Officer Date

Walter Bolcon

Print or Type Name of Officer

President

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 90717		2. Name of Corporation I. C. Management, Inc.			
3. Street Address Principal Business Office 18 Acres of Pine Road			City Coventry	State RI	Zip 02816
4. Business Phone No. (401)387-7427		5. State of Incorporation RHODE ISLAND			6. SIC Code 7245
7. Brief Description of the Character of Business Conducted in Rhode Island ASSET HOLDING, MANAGEMENT AND LEASING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Walter Bolcon			Vice President Name None		
Street Address 18 Acres of Pine Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Walter Bolcon			Treasurer Name Walter Bolcon		
Street Address 18 Acres of Pine Road			Street Address 18 Acres of Pine Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Walter Bolcon			Director Name None		
Street Address 18 Acres of Pine Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name Walter Bolcon			Director Name None		
Street Address 18 Acres of Pine Road			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 7 1 7 \*

File Date 4/2/04  
Check No. 3738  
By: DA  
FOR SECRETARY OF STATE USE ONLY

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.

Walter Bolcon 4/2/04  
Signature of Officer Date  
Walter Bolcon  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **90717**  
2. Name of Corporation **I. C. Management, Inc.**  
3. Street Address Principal Business Office  
**18 Acres of Pine Road**  
4. Business Phone No. **(401) 387-7427**  
5. State of Incorporation **RHODE ISLAND**

City **Coventry** State **RI** Zip **02816**  
6. SIC Code **7245**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Asset Management and Leasing**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Walter Bolcon**  
Street Address **18 Acres of Pine Road**  
City **Coventry** State **RI** Zip **02816**

Vice President Name **None**  
Street Address  
City State Zip

Secretary Name **Paul M. Finstein**  
Street Address **3010 Post Road**  
City **Warwick** State **RI** Zip **02886**

Treasurer Name **Walter Bolcon**  
Street Address **18 Acres of Pine Road**  
City **Coventry** State **RI** Zip **02816**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Walter Bolcon**  
Street Address **18 Acres of Pine Road**  
City **Coventry** State **RI** Zip **02816**

Director Name **None**  
Street Address  
City State Zip

Director Name **None**  
Street Address  
City State Zip

Director Name **None**  
Street Address  
City State Zip

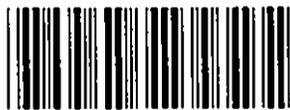
10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
4,000	NO PAR VALUE	

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 7 1 7 \*

**FILE**

File Date: **OCT 17 2003**  
Check No.: **By m9193**  
By: \_\_\_\_\_

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.

*Paul M. Finstein* Sec 2/21/03  
Signature of Officer Date

**Paul M. Finstein**

Print or Type Name of Officer

**Secretary**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No **90717** 2. Name of Corporation **I. C. Management, Inc.**  
3. Street Address Principal Business Office **18 Acres of Pine Road** City **Coventry** State **RI** Zip **02816**  
4. Business Phone No. **(401)387-7427** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7245**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Asset Management and Leasing**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Walter Bolcon</b>	Vice President Name <b>None</b>
Street Address <b>18 Acres of Pine Road</b>	Street Address
City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>	City State Zip
Secretary Name <b>Paul M. Finstein</b>	Treasurer Name <b>Walter Bolcon</b>
Street Address <b>3010 Post Road</b>	Street Address <b>18 Acres of Pine Road</b>
City <b>Warwick</b> State <b>RI</b> Zip <b>02886</b>	City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Walter Bolcon</b>	Director Name <b>None</b>
Street Address <b>18 Acres of Pine Road</b>	Street Address
City <b>Coventry</b> State <b>RI</b> Zip <b>02816</b>	City State Zip
Director Name <b>None</b>	Director Name <b>None</b>
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>4,000</b>	<b>NO PAR VALUE</b>	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 7 1 7 \*

**FILED**

File Date: \_\_\_\_\_

**SEP 19 2002**

Check No.: \_\_\_\_\_

By **CC. 6479**

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

*Paul M. Finstein* / **1/3/02**  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

**Paul M. Finstein**

Print or Type Name of Officer

**SECRETARY**

Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 90717 2. Name of Corporation I. C. Management, Inc.

3. Street Address Principal Business Office 18 Acres of Pine Road City Coventry State RI Zip 02816

4. Business Phone No. (401)387-7427 5. State of Incorporation RHODE ISLAND 6. SIC Code 7245

7. Brief Description of the Character of Business Conducted in Rhode Island  
Asset Management and Leasing

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Walter Bolcon  
Street Address 18 Acres of Pine Road  
City Coventry State RI Zip 02816

Vice President Name None  
Street Address  
City State Zip

Secretary Name Paul M. Finstein  
Street Address 3010 Post Road  
City Warwick State RI Zip 02886

Treasurer Name Walter Bolcon  
Street Address 18 Acres of Pine Road  
City Coventry State RI Zip 02816

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Walter Bolcon  
Street Address 18 Acres of Pine Road  
City Coventry State RI Zip 02816

Director Name None  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
4,000 SHS NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
100 Common No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 7 1 7 \*

File Date: 11/5/2001

Check No.: 6079

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 2/23/01  
Signature of Officer Date

Paul M. Finstein

Print or Type Name of Officer

Secretary

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90717** 2. Name of Corporation **I. C. Management, Inc.**

3. Street Address Principal Business Office **18 Acres of Pine Road** City **Coventry** State **RI** Zip **02816**

4. Business Phone No. **(401)397-7427** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7245**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Asset Management and Leasing**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Walter Bolcon**  
Street Address **18 Acres of Pine Road**  
City **Coventry** State **RI** Zip **02816**

Vice President Name **None**  
Street Address  
City State Zip

Secretary Name **Paul M. Finstein**  
Street Address **3010 Post Road**  
City **Warwick** State **RI** Zip **02886**

Treasurer Name **Walter Bolcon**  
Street Address **18 Acres of Pine Road**  
City **Coventry** State **RI** Zip **02816**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Walter Bolcon**  
Street Address **18 Acres of Pine Road**  
City **Coventry** State **RI** Zip **02816**

Director Name **None**  
Street Address  
City State Zip

Director Name **None**  
Street Address  
City State Zip

Director Name **None**  
Street Address  
City State Zip

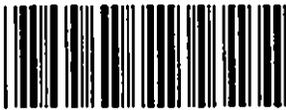
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**4,000 SHS NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common No Par Value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 7 1 7 \*

File Date: **FILED**  
Check No.: **OCT 16 2000**  
By: **PC 5512**  
FOR SECRETARY OF STATE USE ONLY

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.

*Paul M. Finstein* Date **2/27/00**  
Signature of Officer  
**Paul M. Finstein**  
Print or Type Name of Officer  
**Secretary**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>90717</b>		2. Name of Corporation <b>I. C. Management, Inc.</b>			
3. Street Address Principal Business Office <b>18 Acres of Pines Road</b>			City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>7245</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Asset Management and leasing</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Walter Bolcon</b>			Vice President Name <b>None</b>		
Street Address <b>18 Acres of Pine Road</b>			Street Address		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City	State	Zip
Secretary Name <b>Paul M. Finstein</b>			Treasurer Name <b>Walter Bolcon</b>		
Street Address <b>3010 Post Road</b>			Street Address <b>18 Acres of Pine Road</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Walter Bolcon</b>			Director Name		
Street Address <b>18 Acres of Pine Road</b>			Street Address		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>4,000 SHS NO PAR VALUE</b>			<b>100</b>	<b>Common</b>	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 7 1 7 \*

File Date: 8-2-99  
Check No.: 6706  
By: AMF

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.

*Paul M. Finstein*      Date 2/26/99  
Signature of Officer

**Paul M. Finstein**  
Print or Type Name of Officer  
**Secretary**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90717** 2. Name of Corporation **I. C. Management, Inc.**

3. Street Address Principal Business Office **18 Acres of Pine Road** City **Coventry** State **RI** Zip **02816**  
4. Business Phone No. **(401) 397-7427** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7245**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Asset management and leasing**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name **Walter Bolcon**  
Street Address **18 Acres of Pine Road**  
City **Coventry** State **RI** Zip **02816**

Vice President Name **None**  
Street Address  
City State Zip

Secretary Name **Paul M. Finstein**  
Street Address **3010 Post Road**  
City **Warwick** State **RI** Zip **02886**

Treasurer Name **Walter Bolcon**  
Street Address **18 Acres of Pine Road**  
City **Coventry** State **RI** Zip **02816**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name **Walter Bolcon**  
Street Address **18 Acres of Pine Road**  
City **Coventry** State **RI** Zip **02816**

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
<b>4,000 SHS NO PAR VALUE</b>		

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 7 1 7 \*

File Date: 7/23/98  
Check No.: 4484  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.  
[Signature] Date 7/23/98  
Signature of Officer  
**Paul M. Finstein**  
Print or Type Name of Officer  
**Secretary**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90717** 2. Name of Corporation **I. C. Management, Inc.**  
3. Street Address Principal Business Office **18 Acres of Pine Road** City **Coventry** State **RI** Zip **02816**  
4. Business Phone No. **(401) 397-7427** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7245**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Asset management and leasing**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <b>Walter Bolcon</b>	Vice President Name <b>None</b>
Street Address <b>18 Acres of Pine Road</b>	Street Address
City State Zip <b>Coventry RI 02816</b>	City State Zip
Secretary Name <b>Paul M. Finstein</b>	Treasurer Name <b>Walter Bolcon</b>
Street Address <b>3010 Post Road</b>	Street Address <b>18 Acres of Pine Road</b>
City State Zip <b>Warwick RI 02886</b>	City State Zip <b>Coventry RI 02816</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name <b>Walter Bolcon</b>	Director Name
Street Address <b>18 Acres of Pine Road</b>	Street Address
City State Zip <b>Coventry RI 02816</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>4,000 SHS</b>	<b>NO PAR VALUE</b>		<b>100</b>	<b>Common</b>	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 8/13/97  
Check No.: 5830  
By: [Signature]

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.  
Signature of Officer: [Signature] Date: 8/1/97  
**PAUL M. FINSTEIN**  
Print or Type Name of Officer  
**Secretary**  
Title of Officer