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R.I. DEPT. OF STATE
BUS SVCS DIV
2019 OCT -1 P 2:12



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

Annual Report for the year: 2019
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 001670349		2. Exact name of the Corporation Frozen Inc	
3. Principal Office Address 662 Atlantic Ave		City Westerly	State RI
4. NAICS Code 445299		5. Brief description of the character of business conducted in Rhode Island SALE of Del's Lemonade	
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Michael Granieri		Vice-President Name Michael Granieri	
Street Address 1 Wisteria Lane		Street Address 1 Wisteria Lane	
City Richmond	State RI	City Richmond	State RI
Zip 02894		Zip 02894	
Secretary Name Michael Granieri		Treasurer Name Michael Granieri	
Street Address 1 Wisteria Lane		Street Address 1 Wisteria Lane	
City Richmond	State RI	City Richmond	State RI
Zip 02894		Zip 02894	
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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		1,000	
		\$00.00	
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 Michael Granieri			Date 10/1/19
Signature of Authorized Representative 			

FILED

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BY

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