RI SOS Filing Number: 202033355890 Date: 1/29/2020 4:00:00 PM

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

FILED STAMP
JAN 29 2020
BY 2828 05

Annual Report for the year: 2020
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			
105692	**PIER ICE PLANT, INC.**			
3. Principal Office Address		City	State	Zip
132 Kingstown Road		**Narragansett**	**RI**	**02882**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
312113	**Sale of ice products at wholesale and retail**			
5. State of Incorporation				
Rhode Island				

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

President Name **Connor R.J. Shumate**			Vice-President Name **Robert Shumate**		
Street Address **132 Kingstown Road**			Street Address **122 Pond Street**		
City **Narragansett**	State **RI**	Zip **02882**	City **Wakefield**	State **RI**	Zip **02879**
Secretary Name **Connor R.J. Shumate**			Treasurer Name **Connor R.J. Shumate**		
Street Address **132 Kingstown Road**			Street Address **132 Kingstown Road**		
City **Narragansett**	State **RI**	Zip **02882**	City **Narragansett**	State **RI**	Zip **02882**

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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	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
Connor R.J. Shumate	01-24-2020

Signature of Authorized Representative: Connor R.J. Shumate — 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

FORM 630 - Revised: 10/2017