



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

Annual Report for the year: **2021**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 STATE
 DEPARTMENT OF
 BUSINESS SERVICES
 2021 JAN 27 PM 3:43

1. Entity ID Number 000105692		2. Exact name of the Corporation PIER ICE PLANT, INC.												
3. Principal Office Address 132 Kingstown Road			City Narragansett	State RI	Zip 02882									
4. NAICS Code 312113	6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>														
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 <input type="checkbox"/>														
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
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		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 Connor R. J. Shumate, President				Date 24 JAN 2021										
Signature of Authorized Representative <i>Connor R. J. Shumate PRES</i> FILED SIGN DOCUMENT HERE														

JAN 27 2021

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