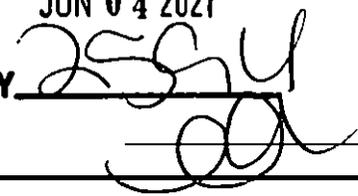


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

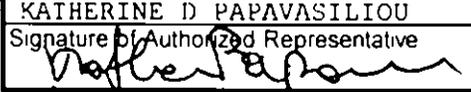
FILED

Annual Report for the year:

Corporation 2021

JUN 04 2021
 BY 

- 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 000164034		2 Exact name of the Corporation KATHY'S ICE CREAM			
3 Principal Office Address 18 WINTHROP STREET			City WOONSOCKET	State RI	Zip 02895
4 NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island SEASONAL - ICE CREAM SHOP			
5 State of Incorporation RI					
7 List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name KATHERINE PAPAVALIOU			Vice-President Name		
Street Address 18 WINTHROP STREET			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		STK	0.01
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 KATHERINE D PAPAVALIOU				Date 6/2/2021	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov
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