RI SOS Filing Number: 202209321300 Date: 2/2/2022 4:00:<u>00</u> PM of Rhode Island

## State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2022 Corporation

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25	5.00 fee if form is no	t filed by May 31.		tutt 4FB -	3 A   : 4	<u></u>	
1. Entity ID Number 034872		2. Exact name of the Corporation Kim & Gary's Ice Cream Machine, Inc.					
3. Principal Office Address 4288 Diamond Hill Road			City Cumberlan	d	State RI	<sup>Zip</sup> 02864	
4. NAICS Code 722515		6. Brief description of the character of business conducted in Rhode Island Retail Ice Cream Shop/Wholesale					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) President Name Kim Caron			Check the box to indicate an attachment U  Vice-President Name				
Street Address 4288 Diamond Hill Road			Street Address				
<sup>City</sup> Cumberland	State RI	<sup>Zip</sup> 02864	City		State	Zip	
Secretary Name Kim Caron			Treasurer Name Kim Caron				
Street Address 4288 Diamond Hill Road			Street Address 4288 Diamond Hill Road				
City Cumberland	State RI	Zip 02864	City Cumberl	and	State RI	<sup>Zip</sup> 02864	
8. List ALL directors (names	and addresses)			Check t	the box to indic	cate an attachment 🔲	
Director Name Kim Caron	Director Name						
Street Address 4288 Diamond Hill Road			Street Address				
City Cumberland	State RI	<sup>Zip</sup> 02864	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Iss	10. Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER OF	NUMBER OF SHARES			PAR VALUE	
Changes require an additional	l filing.	<u> </u>					
11. This report must be exect trustee, this report must be exec	uted on behalf of the	corporation by an a	authorized represent the receiver or trus	ntative. If the corpo	ration is in the	hands of a receiver or	
Under penalty of perjury, I statements, and that all sta	declare and affirm t	hat I have examin	ed this report, inc	cluding any accom	panying sche	edules and	
Name of Authorized Represe		Date 7/1/22					
Kim Caron Signature of Authorized Rep	resentative				4/1	122	
	11.11 V		FLED	_		<u> </u>	
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**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 0 3 2022

FORM 630 - Revised: 11/2021