



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

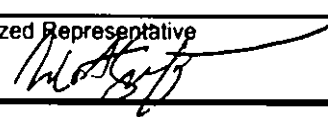
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 17 2023
BY 7948
68

1. Entity ID Number 10829		2. Exact name of the Corporation East Bay Ice Co., Inc.			
3. Principal Office Address 1109 South Broadway		City East Providence		State RI	Zip 02914
4. NAICS Code 424990		6. Brief description of the character of business conducted in Rhode Island The manufacture and sale of ice			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert F. Swift		Vice-President Name None			
Street Address 30 Dolly Drive		Street Address			
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Robert F. Swift		Treasurer Name Robert F. Swift			
Street Address 30 Dolly Drive		Street Address 30 Dolly Drive			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert F. Swift		Director Name			
Street Address 30 Dolly Drive		Street Address			
City Bristol	State RI	Zip 02809	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 <input type="checkbox"/>			
		NUMBER OF SHARES 500		CLASS/SERIES Common	PAR VALUE 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 Robert F. Swift				Date 2.17.2023	
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.n.gov

FORM 630 - Revised: 11/2021