



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

APR 18 2023

BY 60256025

1. Entity ID Number <u>000034872</u>		2. Exact name of the Corporation <u>Original Ice Cream Machine Inc.</u>	
3. Principal Office Address <u>4288 Diamond Hill Rd.</u>		City <u>Cumbe</u>	State <u>R.I.</u>
4. NAICS Code <u>311500</u>		6. Brief description of the character of business conducted in Rhode Island <u>Retail Ice Cream Shop</u>	
5. State of Incorporation <u>R.I.</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Kim Caron</u>		Vice-President Name <u>Kim Caron</u>	
Street Address <u>4288 Diamond Hill Rd.</u>		Street Address <u>4288 Diamond Hill Rd.</u>	
City <u>Cumberland</u>	State <u>R.I.</u>	City <u>Cumberland</u>	State <u>R.I.</u>
Zip <u>02864</u>		Zip <u>02864</u>	
Secretary Name <u>Kim Caron</u>		Treasurer Name <u>Kim Caron</u>	
Street Address <u>4288 Diamond Hill Rd.</u>		Street Address <u>4288 Diamond Hill Rd.</u>	
City <u>Cumberland</u>	State <u>R.I.</u>	City <u>Cumberland</u>	State <u>R.I.</u>
Zip <u>02864</u>		Zip <u>02864</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Kim Caron</u>		Director Name	
Street Address <u>4288 Diamond Hill Rd.</u>		Street Address	
City <u>Cumberland</u>	State <u>R.I.</u>	City	State
Zip <u>02864</u>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>Common</u>
Changes require an additional filing.			PAR VALUE <u>None/Value</u>
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 <u>Kim Caron</u>		Date <u>4/13/23</u>	
Signature of Authorized Representative <u>Kim Caron</u>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov