



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

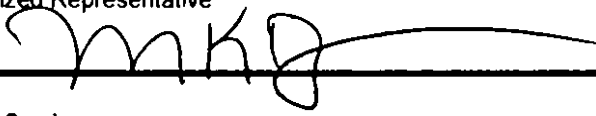
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

REC'D RIDOS BSD
23 NOV 2 PM 1:18:28

1. Entity ID Number 59535		2. Exact name of the Corporation IKelen Inc.			
3. Principal Office Address 112 Pt. Judith Rd			City Narragansett	State RI	Zip 02882
4. NAICS Code 713110		6. Brief description of the character of business conducted in Rhode Island Family Fun Park (Seasonal/Outdoor)			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Patricia Kells			Vice-President Name Melissa Kells Bredick		
Street Address 90 S. Cahalinn Court			Street Address 1720 E. Foxwood Court		
City Vero Beach	State FL	Zip 32963	City Vero Beach	State FL	Zip 32966
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
		600			
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 Melissa Kells Bredick				Date 10/25/2023	
Signature of Authorized Representative 				FILED NOV 2 2023 BY M3FPO 1:19 AR	

MAIL TO:

Division of Business Services

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