



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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

FEB 09 2024

BY 243555

1. Entity ID Number 000105692		2. Exact name of the Corporation PIER ICE PLANT, INC.			
3. Principal Office Address 132 Kingstown Road			City Narragansett	State RI	Zip 02882
4. NAICS Code 312113		6. Brief description of the character of business conducted in Rhode Island Sale of ice products at wholesale and retail			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Connor R. J. Shumate			Vice-President Name Robert Shumate		
Street Address 122 Pond Street			Street Address 122 Pond Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Connor R. J. Shumate			Treasurer Name Connor R. J. Shumate		
Street Address 122 Pond Street			Street Address 122 Pond Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	Common	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 Connor R. J. Shumate, President				Date Feb 5, 2024	
Signature of Authorized Representative <i>Connor R. J. Shumate President</i>					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov