



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

MAY 02 2024

BY

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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			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
			500	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 Robert F. Swift				Date 4.23.2024	
Signature of Authorized Representative 					

MAIL TO:

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