



**State of Rhode Island
Department of State - Business Services Division**

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FOR
SECRETARY OF STATE
USE ONLY

Annual Report for the year: 2025
Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000792818		2. Exact name of the Limited Liability Company ICONMA,LLC			
3. NAICS Code 561320		4. Brief description of the character of business conducted in Rhode Island Temporary Staffing			
5. State of Formation Michigan					
6. Principal Office Address 850 Stephenson Hwy, STE 612		City Troy	State MI	Zip 48083	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Terri Pennell		Contact Title Staff Accountant			
Street Address 850 Stephenson Hwy, STE 612		City Troy	State MI	Zip 48083	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. <i>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.</i>					
Name of Authorized Person Terri Pennell			Date 03/26/2025		
Signature of Authorized Person <i>Terri Pennell 03/26/2025</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

MAR 27 2025

BY BAYDE
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