



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025

Corporation

- 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 001752135		2. Exact name of the Corporation KLCD Ice Cream, Inc.			
3. Principal Office Address 995 Mineral Spring Avenue			City North Providence	State RI	Zip 02907
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island Retail sale of ice cream and other foods and any other related businesses permitted by law.			
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 David Abbott			Vice-President Name 3:19		
Street Address 995 Mineral Spring Avenue			Street Address 3:19		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name David Abbott			Treasurer Name David Abbott		
Street Address 995 Mineral Spring Avenue			Street Address 995 Mineral Spring Avenue		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
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		
			D		
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 David Abbott					Date 5/14/25
Signature of Authorized Representative 					FILE

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

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