RI SOS Filing Number: 202210826900 Date: 2/11/2022 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

FILED

FEB 1 1 2022

→ 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		2. Exact name of the Corporation					
158453	ICSM S	ALES & MAF	RKETING,	INC.			
3. Principal Office Address			City	·	State	Zip	
11 Foote Street			Barringto		RI	02806	
4. NAICS Code	Brief des	cription of the charac	cter of business	conducted in Rhode	İsland	· ·	
722310	food bro	kering					
5. State of Incorporation							
Rhode Island	}						
7. List ALL officers (names and	addresses)			Checl	k the box to i	ndicate an attachment	
President Name Dennis M. Coffey			Vice-President Name Dennis M. Coffey				
Street Address 11 Foote Street			Street Address see president				
^{City} Barrington	State RI	^{Zıp} 02806	City	·	State	Zip	
Secretary Name Dennis M. Coffey			Treasurer Name Dennis M. Coffey				
Street Address see president			Street Address see president				
City	State	Zip	City		Slate	Zıp	
8. List ALL directors (names and	d addresses)			Check	k the box to i	ndicate an attachment	
Dennis M. Col	ffey	-	Director Nam	e			
Street Address see president			Street Address				
City	State	Zip	City	, <u></u>	State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Žip	City		State	Zip	
Shares Authorized 10. Shares		10. Shares Iss	Sued Check the box to indicate an attachment				
This information is currently of record in the Department of State. Changes require an additional filling.		NUMBER O		CLASS/SFRIES PAR VALUE			
		100		common		no par value	
11. This report must be execute	d on behalf of the	corporation by an a	authorized repre	sentative. If the com-	oration is in t	he hands of a receiver or	
trustee, this report must be exec	<u>cuted on behalf o</u>	f the corporation by	the receiver or t	rustee.			
Under penalty of perjury, I dec statements, and that all stater	clare and affirm ments contained	that I have examin I herein are true an	ed this report, and correct	including any accor	mpanying s	chedules and	
Name of Authorized Representa	itive	1101011110111010111	id COITCCL.		Date	, /	
Dennis M. Coffey			χ .	2/5/22			
Signature of Authorized Represe	entative	>			7	·	
	- 4////-						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov