State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

**** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation		
000451024	Ironclad Construction, Inc.		
3. Street Address Principal Business Office	City	State	Zip
295 Main Road	Tiverton	RI	02878
4. Business Phone No.	5. State of Incorporation		
401-619-0847	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
Residential and Commercial Construction

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
James C. Carlson			Randy E. Gifford		
Street Address			Street Address		
71 Hilltop Drive			17 Pennacock Street		
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	Newport	RI	02840
Secretary Name			Treasurer Name		
Nanette E. Gifford			Nanette E. Gifford		
Street Address			Street Address		
17 Pennacock Street			17 Pennacock Street		
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
James C. Carlson			Nanette E. Gifford		
Street Address			Street Address		
71 Hilltop Drive			17 Pennacock Street		
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	Newport	RI	02840
Director Name			Director Name		
Nanette E. Gifford					
Street Address			Street Address		
17 Pennacock Street					
City	State	Zip	City	State	Zip
Newport	RI	02840			

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	Common	$1.00 par value

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	Common	$1.00 par value

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.

[redacted] [redacted]

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.

J. Carlson 3-05-09
Signature *Date*

James C. Carlson
Print or Type Name

[redacted] President
Title

File Date FILED
Check No.
MAR 0 6 2009
By: By 10220
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Form 630 Rev. 12/06