

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 2013
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. Corporate ID No. 2. Name of Corporation 152509 Ira Green, Inc. 3. Street Address Principal Business Office State Providence RI 02905 177 Georgia Avenue 4. Business Phone No. State of Incorporation (401) 680-7944 Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island To manufacture, purchase, sell, assemble and generally deal in heraldry, tactical gear, and other items, President Name Vice President Name Michael W. McAllister Street Address Street Address 177 Georgia Avenue City State City State Zip 02905 Providence RI Secretary Name Treasurer Name Michael W. McAllister Michael W. McAllister Street Address Street Address 177 Georgia Avenue 177 Georgia Avenue City City State State RI 02905 Providence RI 02905 Providence 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: ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) ISSUED SHARES - THIS SECTION MUST BE COMPLETED Cluss/Series Number of Shares Par Value This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of 200 shares common stock of \$.01 par value instruction sheet.

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.

Title

File Date	FEB <b>1 2</b> 2013
Check N	· By MMC
Ву:	CN #0110458
1	FOR SECRETARY OF STATE USE ONLY

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Under penalty of perjury, I declare and affirm	
including any accompanying schedules and s	tatements, and that all statements
contained aerein greatrue and correct.	
IYII WALA	1/12/12
	1/89/17
Signature	Date
Michael W. McAllister	
Print or Type Name	
President	
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