



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

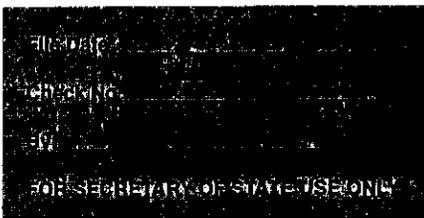
Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 557080		2. Exact name of the limited liability company IronGate Properties, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island OWN, SELL, LEASE & MANAGE REAL ESTATE AND REAL ESTATE INVESTMENTS			
5. Principal office address 438 EAST MAIN RD.		City MIDDLETOWN	State RI	Zip 02842	
6. Mailing address of limited liability company (if different from principal office address)		7. Mailing address of limited liability company (if different from principal office address)			
Contact Name KAREN DAY		Contact Title MANAGER			
Street Address 438 EAST MAIN RD.		City MIDDLETOWN	State RI	Zip 02842	
8. List all managers (names and addresses) of the limited liability company (if applicable) (do not list members) (attach for attachment)		9. List all managers (names and addresses) of the limited liability company (if applicable) (do not list members) (attach for attachment)			
Manager Name KAREN DAY		Manager Name MICHAEL SULLIVAN			
Street Address 438 EAST MAIN RD.		Street Address 1175 HOPE ST.			
City MIDDLETOWN	State RI	Zip 02842	City BRISTOL	State RI	Zip 02809
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

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BY 4247



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.

Karen Day 10-14-14
 Signature of Authorized Person Date

KAREN DAY - MANAGER

Print or Type Name of Authorized Person