



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2015  
Limited Liability Company

- Filing period: September 1 - November 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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CORPORATIONS DIV  
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|                                                                                                                                                                                                      |       |                                                                                                                    |      |                                                                |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------|---------------------|
| 1. Entity ID Number<br><u>528450</u>                                                                                                                                                                 |       | 2. Exact name of the Limited Liability Company<br><u>J. W. IRONWORKS, LLC</u>                                      |      |                                                                |                     |
| 3. State of Formation<br><u>Rhode Island</u>                                                                                                                                                         |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Fabrication and Machine Shop</u> |      |                                                                |                     |
| 5. Principal Office Address<br><u>80 OLD RIVER ROAD</u>                                                                                                                                              |       | City<br><u>LINCOLN</u>                                                                                             |      | State<br><u>RI</u>                                             | Zip<br><u>02865</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                  |       |                                                                                                                    |      |                                                                |                     |
| Contact Name<br><u>JEANNE L. IRONS</u>                                                                                                                                                               |       | Contact Title<br><u>OWNER</u>                                                                                      |      |                                                                |                     |
| Street Address<br><u>80 OLD RIVER ROAD</u>                                                                                                                                                           |       | City<br><u>LINCOLN</u>                                                                                             |      | State<br><u>RI</u>                                             | Zip<br><u>02865</u> |
| 7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                     |       |                                                                                                                    |      |                                                                |                     |
| Manager Name                                                                                                                                                                                         |       | Manager Name                                                                                                       |      | 2016 OCT 3 PM 12:35<br>R.I. DEPT. OF STATE<br>CORPORATIONS DIV |                     |
| Street Address                                                                                                                                                                                       |       | Street Address                                                                                                     |      |                                                                |                     |
| City                                                                                                                                                                                                 | State | Zip                                                                                                                | City | State                                                          | Zip                 |
| Manager Name                                                                                                                                                                                         |       | Manager Name                                                                                                       |      |                                                                |                     |
| Street Address                                                                                                                                                                                       |       | Street Address                                                                                                     |      |                                                                |                     |
| City                                                                                                                                                                                                 | State | Zip                                                                                                                | City | State                                                          | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                     |       |                                                                                                                    |      |                                                                |                     |
| 8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.                                                              |       |                                                                                                                    |      |                                                                |                     |
| 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 Person<br><u>Jeanne L. Irons</u>                                                                                                                                                  |       |                                                                                                                    |      | Date<br><u>9/12/16</u>                                         |                     |
| Signature of Authorized Person<br>                                                                                                                                                                   |       |                                                                                                                    |      |                                                                |                     |

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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**FILED**  
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BY Opb285034