



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2023**

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP
RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 NOV 29 A 8:59

1. Entity ID Number 1749126		2. Exact name of the Corporation Ironbo, INC.	
3. Principal Office Address 197 Firenze Street		City Northvale	State NJ
		Zip 07647	
4. NAICS Code 238210	6. Brief description of the character of business conducted in Rhode Island We did not perform any work in RI in 2023. We are an Electrical Telecommunications Contractor.		
5. State of Incorporation New York			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name R Darren Krych		Vice-President Name Elicer Sanchez	
Street Address 14 Pine Glen Dr		Street Address 6 Catherine Street	
City Blauvelt	State NY	City Nyack	State NY
Zip 10913		Zip 10960	
Secretary Name Daniel Denda		Treasurer Name n/a	
Street Address 655 Saddle River Rd		Street Address	
City Chestnut Ridge	State NY	City	State
Zip 10977		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name n/a		Director Name n/a	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
10. Shares Issued		CLASS/SERIES	
This information is currently of record in the Department of State.		NUMBER OF SHARES	PAR VALUE
Changes require an additional filing.		200	0
11. 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. <i>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.</i>			
Name of Authorized Representative Elicer Sanchez, VP		Date 10/10/2023	
Signature of Authorized Representative 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

NOV 29 2023
BY ML 04FEL
9:00
FORM 030- Revised: 04/2023