



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

FILED

FEB 05 2024

BY: *[Signature]*

1. Entity ID Number 000112356		2. Exact name of the Corporation Irons Gate Stable, Inc.												
3. Principal Office Address 40 Rockwood Lane			City Wakefield	State RI	Zip 02879									
4. NAICS Code 115210		6. Brief description of the character of business conducted in Rhode Island To operate an equestrian teaching, judging and training business												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Amy Eidson			Vice-President Name											
Street Address 40 Rockwood Lane			Street Address											
City Wakefield	State RI	Zip 02879	City	State	Zip									
Secretary Name Amy Eidson			Treasurer Name Amy Eidson											
Street Address 40 Rockwood Lane			Street Address 40 Rockwood Lane											
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">NUMBER OF SHARES</th> <th style="text-align: center;">CLASS/SERIES</th> <th style="text-align: center;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">CPN</td> <td style="text-align: center;">0.0000</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CPN	0.0000			
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100	CPN	0.0000												
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. 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 Representative Amy Eidson				Date 2/1/2024										
Signature of Authorized Representative <i>Amy Eidson</i>														