



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

1. Entity ID Number 000112441		2. Exact name of the Corporation Ironton Grass Works, Inc.												
3. Principal Office Address 40 Rockwood Lane			City Wakefield	State RI	Zip 02879									
4. NAICS Code 813910		6. Brief description of the character of business conducted in Rhode Island To carry on the business of farming.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name John Eidson			Vice-President Name											
Street Address 40 Rockwood Lane			Street Address											
City Wakefield	State RI	Zip 02879	City	State	Zip									
Secretary Name John Eidson			Treasurer Name John 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"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>CNP</td> <td>0.0000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CNP	0.0000			
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		100	CNP	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 John Eidson					Date 2/1/24									
Signature of Authorized Representative 														

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov