

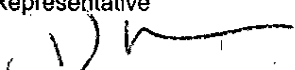


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

FEB 14 2024
54362 *02*

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

1. Entity ID Number <u>000152509</u>		2. Exact name of the Corporation <u>Ira Green, Inc.</u>			
3. Principal Office Address <u>177 Georgia Avenue</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>
4. NAICS Code <u>339999</u>		6. Brief description of the character of business conducted in Rhode Island <u>To manufacture, purchase, sell, assemble and generally deal in heraldry, tactical gear and other items</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Douglas Anderson</u>			Vice-President Name <u>SAME</u>		
Street Address <u>177 Georgia Avenue</u>			Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City	State	Zip
Secretary Name <u>SAME</u>			Treasurer Name <u>SAME</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.		NUMBER OF SHARES		CLASS/SERIES	
				PAR VALUE	
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 <u>Donaldas Anderson</u>				Date <u>Feb 6 2024</u>	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov