State of Rhode Island
Department of State - Business Services Division

FILED
FEB 05 2025
BY 13116
AA

Annual Report for the year: 2025
Corporation

→ 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	2. Exact name of the Corporation
000112441	Ironton Grass Works, Inc.

3. Principal Office Address	City	State	Zip
40 Rockwood Lane	Wakefield	RI	02879

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
813910	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 ☐

President Name	Vice-President Name
John Eidson	
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 ☐

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 ☐		
This information is currently of record in the Department of State. **Changes require an additional filing.**	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	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	Date
John Eidson	2/1/25

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

FORM 630- Revised: 12/2023