



State of Rhode Island  
Department of State - Business Services Division

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.

FILED

FEB 05 2025

BY 1243  
AA

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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. <b>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.</b>					
Name of Authorized Representative Amy Eidson					Date 2/1/2025
Signature of Authorized Representative <i>Amy Eidson</i>					

MAIL TO:

Division of Business Services  
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