



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

MAR 07 2023

49901 *DR*

- 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 000152509		2. Exact name of the Corporation Ira Green, Inc.			
3. Principal Office Address 177 GEORGIA AVENUE			City PROVIDENCE	State RI	Zip 02905
4. NAICS Code 339999		6. Brief description of the character of business conducted in Rhode Island TO MANUFACTURE, PURCHASE, SELL, ASSEMBLE AND GENERALLY DEAL IN HERALDRY, TACTICAL GEAR AND OTHER ITEMS.			
5. State of Incorporation RHODE ISLAND		<i>DOUGLAS ANDERSON</i>			
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name MICHAEL W. MCALLISTER			Vice-President Name GARTH TROXELL		
Street Address 177 GEORGIA AVENUE			Street Address 177 GEORGIA AVENUE		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
Secretary Name CHRISTIAN GORINO			Treasurer Name GARTH TROXELL		
Street Address 177 GEORGIA AVENUE			Street Address 177 GEORGIA AVENUE		
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
8. List ALL directors (names and addresses) <input type="checkbox"/> 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 <input type="checkbox"/> 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
		200		COMMON	\$0.01
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 MICHAEL W. MCALLISTER <i>DOUGLAS ANDERSON</i>					Date 1 MAR 2023
Signature of Authorized Representative 					