



Companies House

AR01 (ef)

Annual Return



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Company Name: **IRIS GALLERIES LIMITED**

Company Number: **04417737**

Date of this return: **16/04/2016**

SIC codes: **47990**
74990

Company Type: **Private company limited by shares**

Situation of Registered Office: **THE OLD SURGERY**
19 MENGHAM LANE
HAYLING ISLAND
HAMPSHIRE
PO11 9JT

Officers of the company

Company Secretary 1

Type: **Corporate**

Name: **MENGHAM SECRETARIAL AGENCIES LIMITED**

*Registered or
principal address:* **THE OLD SURGERY 19 MENGHAM LANE
HAYING ISLAND
HAMPSHIRE
ENGLAND
PO11 9JT**

European Economic Area (EEA) Company

Register Location: **THE OLD SURGERY, 19 MENGHAM LANE, HAYLING ISLAND**

Registration Number: **1866481**

Company Director **1**

Type: **Person**
Full forename(s): **JOHN JAMES**

Surname: **REID ROBERTSON**

Former names:

Service Address: **2 SPINNAKER GRANGE
NORTHNEY LANE
HAYLING ISLAND
HAMPSHIRE
PO11 0SJ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/06/1946** *Nationality:* **BRITISH**
Occupation: **PRIVATE INVESTOR**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	1
		<i>Aggregate nominal value</i>	1
<i>Currency</i>	GBP	<i>Amount paid per share</i>	1
		<i>Amount unpaid per share</i>	0

Prescribed particulars

FULL RIGHTS WITH REGARDS TO VOTING, PARTICIPATION AND DIVIDENDS.

Statement of Capital (Totals)

<i>Currency</i>	GBP	<i>Total number of shares</i>	1
		<i>Total aggregate nominal value</i>	1

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 16/04/2016 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : **1 ORDINARY shares held as at the date of this return**
Name: **JOHN REID-ROBERTSON**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.