RI SOS Filing Number: 201746807290 Date: 6/29/2017 4:00:00 PM

State of Rhode Island a	and Providence F	Plantations		.		
Department of S			Division			
Annual Report for the y	/ear:	17	-			
→ Filing period: January 1 -	March 1					
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00		ot filed by April 1.				
1. Entity ID Number	2. Exact nam	e of the Corporation	·			
13410	Gryph	on Corporatio	n			
Principal Office Address	•	·	City	· · · · · · · · · · · · · · · · · · ·	State	Zip
9 John Street			Prov	idence	RI	02906
4. NAICS Gode 5. State of Incorporation RI	Inve	iption of the charact stments and p		conducted in Rhode I	sland	•
7. List ALL officers (names and a President Name	ddresses)		Vice Procider	Check	the box to ind	icate an attachment
John J. Partridge	Vice-President Name					
Street Address 9 John Street			Street Address			
City	State	Zip 02006	City		State	Zip
Providence Secretary Name	RI	02906	Treasurer Na	me_		
Regina A. Partridge Street Address	Treasurer Name John J. Partridge					
9 John Street			Street Address 9 John Street			
City	State	Zip	City	·	State	Zip
Providence 8. List ALL directors (names and a	RI addresses)	02906	Provide		RI the box to indi	02906 cate an attachment
Director Name			Director Name		and box to inte	odto dii ditacimient
John J. Partridge Street Address			Street Addres	s		
9 John Street						
City Providence	State RI	Zip 02906	City		State	Zip
Director Name		02300	Director Name	·		
Street Address			Street Address			
City	State	7:-	0	·	10	
Oity .	State	Zip	City		State	Zip
9. Shares Authorized 10 This information is currently of record in the		10. Shares Issue				
Department of State. Changes require an additional filing.		2,005	HARES	CLASS/SERIES	PAR VALUE \$1.00	
		2,003		Common	ψ1.00	
11. This report must be executed of trustee, this report must be executed.	<u>ted on </u> behalf of t	he corporation by the	e receiver or tr	ustee.		
Under penalty of perjury, I decla statements, and that all stateme	re and affirm th	at I have examined	this report, i	ncluding any accom	panying sche	edules and
Name of Authorized Representativ	/e	or on are true and	COTTECT.		Date	1
John J. Partridge, President					6/36	13017
Signature of Authorized Represent	tative Turks	Short well a	an reading	FILLU	-) [/	
MAIL TO						
Division of Business Services 48 W. River Street, Providence, Rhode	e Island 02904-261	5		JUN 2 9 2017		

Phone: (401) 222-3040 Website: www.sos.ri.gov