



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

FOR
 SECRETARY OF STATE
 RECORD

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 13410		2. Exact name of the Corporation Gryphon Corporation					
3. Principal Office Address 9 John Street			City Providence	State RI	Zip 02906		
4. NAICS Code 523920		6. Brief description of the character of business conducted in Rhode Island Investments and publishing					
5. State of Incorporation RI							
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
President Name John J. Partridge			Vice-President Name				
Street Address 9 John Street			Street Address				
City Providence	State RI	Zip 02906	City	State	Zip		
Secretary Name Regina A. Partridge			Treasurer Name John J. Partridge				
Street Address 9 John Street			Street Address 9 John Street				
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906		
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
Director Name John J. Partridge			Director Name				
Street Address 9 John Street			Street Address				
City Providence	State RI	Zip 02906	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 <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		2,005		Common		\$1.00	
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. <i>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.</i>							
Name of Authorized Representative John J. Partridge					Date March 19, 2018		
Signature of Authorized Representative 					FILED SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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