



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

FILED

MAY 22 2020

BY 3575
QA

Annual Report for the year: 2020

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		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. 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 John J. Partridge					Date 5/20/20
Signature of Authorized Representative <i>John J. Partridge</i>					SIGNATURE

MAIL TO:
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 Website: www.sos.ri.gov