



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021

Corporation

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

FEB 23 2021
BY 3600
DS

1. Entity ID Number 13410		2. Exact name of the Corporation Gryphon Corporation			
3. Principal Office Address 355 Blackstone Boulevard, Unit 336			City Providence	State RI	Zip 02906
4. NAICS Code <u>523920</u>		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 355 Blackstone Boulevard, Unit 336			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Regina A. Partridge			Treasurer Name John J. Partridge		
Street Address 355 Blackstone Boulevard, Unit 336			Street Address 355 Blackstone Boulevard, Unit 336		
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 355 Blackstone Boulevard, Unit 336			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		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2,005	Common	\$1,000
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 2/17/21
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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