



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River St., Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 58972		2. Name of Corporation GRESS & CO., INC.	
3. Street Address Principal Business Office 5853 POST ROAD		City EAST GREENWICH	State RI
		Zip 02818	
4. Business Phone No. 4018852990		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island AS PRINCIPAL AGENT OR BROKER AND ON COMMISSION OR OTHERWISE TO BUY, SELL, EXCHANGE, LEASE, LET, GRANT OR TAKE LICENSES IN RESPECT OF IMPROVE, DEVELOP, REPAIR, MANAGE, MAINTAIN AND OPERATE REAL PROPERTY OR			
7. NAMES AND ADDRESSES OF THE OFFICERS ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS			
President Name Robert C. Cressman, Jr.		Vice President Name Caroline Cressman	
Street Address 1 Ashbrook Run		Street Address 34 Tanglewood Drive	
City East Greenwich	State RI	City East Greenwich	State RI
Zip 02818		Zip 02818	
Secretary Name Robert C. Cressman, Sr.		Treasurer Name Robert C. Cressman, Sr.	
Street Address 34 Tanglewood Drive		Street Address 34 Tanglewood Drive	
City East Greenwich	State RI	City East Greenwich	State RI
Zip 02818		Zip 02818	
8. NAMES AND ADDRESSES OF THE DIRECTORS ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>			
10. SHARES ISSUED ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
600 NO PAR VALUE		600	Common
			No Par

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.



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\*58972 DBC 02/12/07 11:01:29 AM\*

File Date **FILED**

Check No. **APR 15 2008**

By **17769330073**

FOR SECRETARY OF STATE USE ONLY

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.

*Robert Cressman Jr.* 3/31/08  
Signature Date  
Robert C. Cressman, Jr.  
Print or Type Name  
President  
Title