

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street 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* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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(cctd)) is

| subject to a penalty fee of \$25.00. | | <u>.</u> | | | | |
|--|--|---|--|--------------------------|-------------------------|--|
| 1. Corporate ID No. 13410 | 2. Name of Corporation Gryphon Corporation | | | | | |
| 3. Street Address Principal Business O, 9 John Street | ffice | | Providence | State RI | ^{Zip} 02906 | |
| 4. Business Phone No. | | 5. State of Incorporation Rhode Island | | | | |
| 6. Brief Description of the Character of INVESTMENTS AND PUBL | ISHING | | | | /Alama (1), | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name John J. Partridge | | | CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS 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 | | | |
| Cuy Providence | State R1 | ^{Ζίρ} 02906 | City Providence | State RI | ^{Zip} 02906 | |
| 8, NAMES AND ADDRESSES | OF THE DIRECTORS | : (*X" BOX FOR ATT | ACHMENT) 🗍 FILL IN SPA | CES BEFORE USING AT | TACHMENTS | |
| Director Name John J. Partridge | | | Director Name | | | |
| Street Address 9 John Street | | | Street Address | | | |
| City Providence | State RI | <i>Zip</i> 02906 | Сиу | State | Zip | |
| Director Name Regina A. Partridge | | | Director Name | | | |
| Street Address 9 John Street | | | Street Address | | | |
| City: Providence | State RI | ^{Ζip} 02906 | City | State | Zip | |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" | BOX FOR ATTACHME | NT I | |
| ************************************** | and the second s | - Annual | ISSUED SHARES — THIS SECTION | MUST BE COMPLETED | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | Number of Shares | Class/Series | Par Value | |
| | | | 1,498.00 | | \$1.00 | |
| | | | | | | |
| This report must be executed | on behalf of the corp | oration by an authorize | ed representative. If the corpor | ation 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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| Under penalty of perjury, I declar including any accompanying sel | | |
| contained herein are true and co | orrect. | 89/24/01 |
| Signature | $\overline{\mathcal{O}}$ | Date |
| √John J. Partridge | | |
| Print or Type Name | | |
| President | | |

Title