



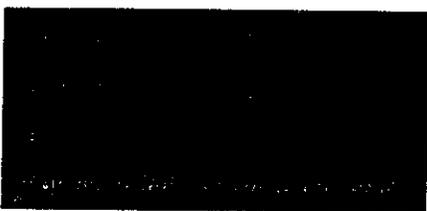
**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.  
 Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>736047</b>		2. Exact name of the Corporation <b>J. Gorrie and Son Property Management, Inc.</b>			
3. Principal office address <b>2 Tyler Street</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
4. Business Phone No. <b>401-265-0416</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Real Estate Management</b>					
President Name <b>Robert Gorrie</b>			Vice-President Name <b>John Gorrie</b>		
Street Address <b>2 Tyler Street</b>			Street Address <b>2 Tyler Street</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>Robert Gorrie</b>			Treasurer Name <b>John Gorrie</b>		
Street Address <b>2 Tyler Street</b>			Street Address <b>2 Tyler Street</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100	CNP	No Par Value

*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.*



**FILED**

**JAN 20 2015**

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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.

*John Gorrie*  
 Signature of Authorized Representative  
**John Gorrie**

*1-16-15*  
 Date

Print or Type Name of Authorized Representative