



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

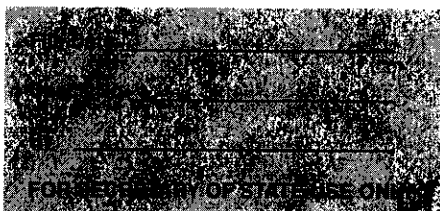
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

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. 11968		2. Exact name of the Corporation GOWER & CO.			
3. Principal office address 203 South Main Street			City Providence	State RI	Zip 02903
4. Business Phone No. 4017518100			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Real Estate Related Business					
President Name John R. Gower			Vice-President Name David C. Gower		
Street Address 203 South Main Street			Street Address 203 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Marc A. Greenfield			Treasurer Name John R. Gower		
Street Address One Ship Street			Street Address 203 South Main Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
7. LIST ALL DIRECTORS, NAMES AND ADDRESSES (X) (X) (X) ATTACHMENTS <input type="checkbox"/>					
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
8. SHARES AUTHORIZED			10. SHARES ISSUED (X) (X) BOX FOR ATTACHMENT <input type="checkbox"/>		
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
			10	Common A	No Par
			990	Common B	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.



FILED

JAN 23 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.

[Signature] 1/7/15
 Signature of Authorized Representative Date

John R. Gower

Print or Type Name of Authorized Representative