



**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

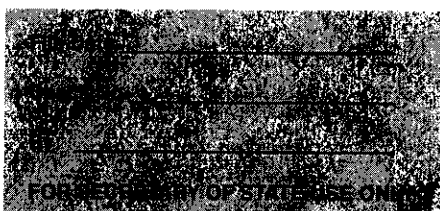
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

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