



**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.<br><b>106593</b>   |                    | 2. Exact name of the Corporation<br><b>Gordon G. Gourd, Inc</b> |  |                    |                     |
| 3. Principal office address<br><b>51 Liberty Street</b>   |                    |   | City<br><b>East Greenwich</b>  | State<br><b>RI</b> | Zip<br><b>02818</b> |
| 4. Business Phone No.<br><b>401-884-0645</b>  |                    | 5. State of Incorporation<br><b>Rhode Island</b>                |  |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>To own, operate and maintain a business for the purpose of production, publication, distribution and sale of books and photographic art work.</b> |                    |   |  |                    |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>   |                    |   |  |                    |                     |
| President Name<br><b>Christopher E. Clancy</b>  |                    |   | Vice-President Name<br><b>None</b>   |                    |                     |
| Street Address<br><b>4 Rocky Pine Road</b>  |                    |   | Street Address   |                    |                     |
| City<br><b>West Kingston</b>  | State<br><b>RI</b> | Zip<br><b>02892</b>   | City   | State              | Zip                 |
| Secretary Name<br><b>Christopher E. Clancy</b>  |                    |   | Treasurer Name<br><b>Christopher E. Clancy</b>                             |                    |                     |
| Street Address<br><b>4 Rocky Pine Road</b>  |                    |   | Street Address<br><b>4 Rocky Pine Road</b>                                 |                    |                     |
| City<br><b>West Kingston</b>  | State<br><b>RI</b> | Zip<br><b>02892</b>   | City<br><b>West Kingston</b>   | State<br><b>RI</b> | Zip<br><b>02892</b> |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>  |                    |   |  |                    |                     |
| Director Name<br><b>Christopher E. Clancy</b>   |                    |   | Director Name  |                    |                     |
| Street Address<br><b>4 Rocky Pine Road</b>  |                    |   | Street Address   |                    |                     |
| City<br><b>West Kingston</b>  | State<br><b>RI</b> | Zip<br><b>02892</b>   | City   | State              | Zip                 |
| Director Name   |                    |   | Director Name  |                    |                     |
| Street Address  |                    |   | Street Address   |                    |                     |
| City  | State              | Zip   | City   | State              | Zip                 |
| <b>9. SHARES AUTHORIZED</b>   |                    |   | <b>10. SHARES ISSUED ("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           |
|   |                    |   | 100  | COMMON             | NONE                |

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.

File Date: \_\_\_\_\_  
 Check No: 6431  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY BY 12242680

**FILED**  
**FEB 20 2015**

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 of Authorized Representative: CE Clancy Date: 1-29-15  
**Christopher E. Clancy, President**  
 Print or Type Name of Authorized Representative