

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 2016

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00	· FAILURE TO FI	LE THIS REPORT BY M	IARCH 31 WILL RES	SULT IN A \$25	.00 PEN	IALTY FEE.	
1. Entity ID No.	2. Exact name of the Corporation						
1183 ~	Gorhar	Gorham & Gorham, Incorporated					
Principal office address Danielson Pike (PO Box 46)			City North Scituate	St.	ate	Zip 02857	
4. Business Phone No. 401-647-1400			5. State of Incorporation Rhode Island				
6. Brief description of the c	haracter of business	s conducted in Rhode Island	d				
		essenoneousi.					
President Name Nicholas Gorham			Vice-President Name Dianne L. Izzo and David M. D'Agostino				
Street Address 25 Danielson Pike (PO Box 46)			Street Address 25 Danielson Pike (PO Box 46)				
City North Scituate	State RI	Zip 02857	City North Scituate	Sta R	ate	Zip 02857	
Secretary Name David M. D'Agostin	0		Treasurer Name Jane G. Gurzer	nda			
Street Address 25 Danielson Pike (PO Box 46)			Street Address 25 Danielson Pike (PO Box 46)				
City North Scituate	State RI	Zip 02857	City State RI			Zip 02857	
	(NAMES AND ADD	RESSES) ("X" BOX FOR					
Director Name Nicholas Gorham			Director Name Jane G. Gurzenda				
Street Address 25 Danielson Pike (PO Box 46)			Street Address 25 Danielson Pike (PO Box 46)				
City North Scituate	State RI	Zip 02857			ate I	Zip 02857	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City State		ate	Zip	
			DUSTATES SSUED	O (EXT BOX FO		的開始(二十二十二	
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	Com	mon	No Par Value	
			1.				
This report must be execut	ted on behalf of the	corporation by an authorize	d representative. If the d	corporation is in	the hand	ds of a receiver or trustee,	

JAN 1 1 2016

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contains paerein are true and correct.

Signature of Authorized Representative

Date

Nicholas Gorham, President

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012