



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 FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 541881		2. Exact name of the Corporation Gordon Industries, Inc.			
3. Principal office address 202 West first Street			City Boston	State MA	Zip 02127
4. Business Phone No. 800-649-5215			5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island Rental and sales of steel, modular wheelchair ramps.					
President Name Julian Gordon			Vice-President Name Julian Gordon		
Street Address 202 West First Street			Street Address 202 West First Street		
City Boston	State MA	Zip 02127	City Boston	State MA	Zip 02127
Secretary Name Julian Gordon			Treasurer Name		
Street Address 202 West First Street			Street Address		
City Bosgton	State MA	Zip 02127	City	State	Zip
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
				0	common
					PAR VALUE
				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 15 2016

BY 22590

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: *Julian Gordon*
 Date: *1-11-16*
 Print or Type Name of Authorized Representative: **Julian Gordon**