

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 2017

106593	Gord	FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE. 2. Exact name of the Corporation Gordon G. Gourd, Inc					
3. Principal office address 28 Noose Neck Hill Road, Unit 4 4. Business Phone No. 401-392-0110 6. Brief description of the character of business conducted in Rhode Is			City West Green	State RI	Zip		
			5. State of Incorporation				
To own, operate a books and photog	character of busine nd maintain a raphic art wor	ess conducted in Rhode Is business for the pu			stribution and sale o		
LIST ALL OFFICERS	NAMES AND ADD	n. Noconcario			maran and built of		
7 LIST ALL OFFICERS	(SADI	VUESSES) ("X"BOX FO	RATTACHMENT)	第 《自然特別開始》	Charles Grant Control		
Christophier E. Clancy			Vice-President Name None				
Street Address			Street Address				
4 Rocky Pine Road			ou out Address		· · · · · · · · · · · · · · · · · · ·		
West Kingston	State RI	Zip 02892	City	State	Zip		
Christopher E. Clar	псу		Treasurer Name Christopher I	E. Clancy			
4 Rocky Pine Road			Street Address 4 Rocky Pine				
West Kingston	State RI	Zip 02892	City	Ctoto	Zip		
LIST ALL DIRECTORS (NAMES AND ADD	PRESSES) ("X" BOX FO	RATTACHMENT		02892		
Christopher E. Cland	у		Director Name				
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HARES AUTHORIZED			10. SHARES ISSUE	O ("X" BOX FOR ATTAC			
information is currently ate. Changes require an	Of record in the		NUMBER OF SHARES	CLASS/SERIES			
ate. Changes require an Section 9 of Instruction		mice of the Secretary	100	COMMON	PAR VALUE NONE		
report must be executed	on behalf of the co	rporation by an authorize	d representative. If the c	corporation is in the hand	ts of a receiver or trustee,		
Oatè			Under penalty of pe	Filley I declare and ass	Al A II A		
eck No		FILED		g any accompanying s nts contained herein a			
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The state of the s	or oxecoted on benan of	the corporation by the receiver or trustee.	
File Date Check No	FILED FEB 1 3 2017	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct. Signature of Authorized Representative Christopher E. Clancy, President Print or Type Name of Authorized Representative	l ts,