State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
11930	**Gordon Realty, Inc**

3. Principal Office Address	City	State	Zip
23 Heaton Orchard Rd	**West Kingston**	**RI**	**02892-1141**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
53 - Real Estate and Rental and	**To manage and lease real estate**
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Clyde B. Gordon, Jr**			Vice-President Name **Sally D. Gordon**		
Street Address **45 Knowles Ave**			Street Address **45 Knowles Ave**		
City **Westerly**	State **RI**	Zip **02891-5427**	City **Westerly**	State **RI**	Zip **02891-5427**
Secretary Name **Sally D. Gordon**			Treasurer Name **Clyde B. Gordon, Jr**		
Street Address **45 Knowles Ave**			Street Address **45 Knowles Ave**		
City **Westerly**	State **RI**	Zip **02891-5427**	City **Westerly**	State **RI**	Zip **02891-5427**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name **Clyde B. Gordon, Jr**			Director Name **Sally D. Gordon**		
Street Address **45 Knowles Ave**			Street Address **45 Knowles Ave**		
City **Westerly**	State **RI**	Zip **02891-5427**	City **Westerly**	State **RI**	Zip **02891-5427**
Director Name **none**			Director Name **none**		
Street Address **none**			Street Address **none**		
City **none**	State **none**	Zip **none**	City **none**	State **none**	Zip **none**

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
20	**COMMON**	**NO PAR VALUE**

11. 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.

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.

Name of Authorized Representative	Date
Clyde B. Gordon, Jr	**02/17/2017**

Signature of Authorized Representative: Clyde B Gordon

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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