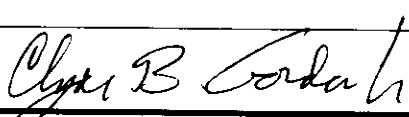




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 11930		2. Exact name of the Corporation Gordon Realty, Inc			
3. Principal Office Address 23 Heaton Orchard Rd		City West Kingston		State RI	Zip 02892-1141
4. NAICS Code 53 - Real Estate and Rental and		6. Brief description of the character of business conducted in Rhode Island 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		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		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 Clyde B. Gordon, Jr				Date 02/17/2017	
Signature of Authorized Representative 					

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

FILED

FEB 21 2017

FORM 630 - Revised: 02/2017

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