



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

STAMP

THE
 SECRETARY OF STATE
 PROVIDENCE, RI

Annual Report for the year: 2018
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 13410		2. Exact name of the Corporation Gryphon Corporation			
3. Principal Office Address 9 John Street			City Providence	State RI	Zip 02906
4. NAICS Code 523920		6. Brief description of the character of business conducted in Rhode Island Investments and publishing			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name John J. Partridge			Vice-President Name		
Street Address 9 John Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Regina A. Partridge			Treasurer Name John J. Partridge		
Street Address 9 John Street			Street Address 9 John Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name John J. Partridge			Director Name		
Street Address 9 John Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		2,005		Common	\$1.00
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. <i>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.</i>					
Name of Authorized Representative John J. Partridge					Date March 19, 2018
Signature of Authorized Representative 					FILED
SIGN DOCUMENT HERE					

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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