



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


Annual Report for the year: **2020**
Corporation

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

FILED

JAN 13 2020

30544

1. Entity ID Number 000080548		2. Exact name of the Corporation GOWRIE GROUP, INC.			
3. Principal Office Address 70 ESSEX ROAD		City WESTBROOK		State CT	Zip 06498-1568
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island TO OPERATE AN INSURANCE AGENCY			
5. State of Incorporation CT					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name EDWARD GUMBRECHT			Vice-President Name		
Street Address 40 RIVER EDGE FARMS ROAD			Street Address		
City MADISON	State CT	Zip 06443	City	State	Zip
Secretary Name CHRISTOPHER LOUIS PESCE			Treasurer Name		
Street Address 28 INDIAN TRAIL			Street Address		
City MADISON	State CT	Zip 06443	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
112		COMMON NO PAR		0.00	
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.					
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 CHRISTOPHER L. PESCE					Date 1/6/2020
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov