RI SOS Filing Number: 202193737750 Date: 3/8/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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			
000011968	Gower & Co.			
3. Principal Office Address		City	State	Zip
203 South Main Street		Providence	RI	02903
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531390	Real Estate related business			
5. State of Incorporation				
Rhode Island				

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

President Name: John R. Gower			Vice-President Name: David C. Gower		
Street Address: 203 South Main Street			Street Address: 203 South Main Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Secretary Name: Marc A. Greenfield			Treasurer Name: John R. Gower		
Street Address: 116 Orange Street			Street Address: 203 South Main Street		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903

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

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 ☐

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

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10	Common A	No Par
990	Common B	No Par

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
John R. Gower	3/1/21

Signature of Authorized Representative: John R. Gower

FILED
MAR 08 2021
1:07

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