ND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
OUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Sep 07, 1999 8:00 am
Secretary of State
09-07-1999 90009 020 ***555.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 813554
Corporation Name
GILBANE, INC.

Principal Place of Business	Mailing Address
CKSON WALKWAY BOX 6128 /IDENCE RI 02940	7 JACKSON WALKWAY P.O. BOX 6128 PROVIDENCE RI 02940

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1959

4. FEI Number: 05-0147010 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

Principal Place of Business	2a. Mailing Address
	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	27
City & State	City & State
	28
Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

ATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	SD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
	GILBANE, ROBERT V.	1.2 NAME	
ADDRESS	25 PEGWIN DRIVE	1.3 STREET ADDRESS	
ZIP	E.GREENWICH RI	1.4 CITY-ST-ZIP	
	TD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
	GILBANE, JEAN A.	2.2 NAME	
ADDRESS	80 DON AVENUE	2.3 STREET ADDRESS	
ZIP	RUMFORD RI	2.4 CITY-ST-ZIP	
	PD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
	GILBANE, THOMAS F.,JR.	3.2 NAME	
DDRESS	151 GROTTO AVENUE	3.3 STREET ADDRESS	
IP	PROVIDENCE RI	3.4 CITY-ST-ZIP	
	VP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
	ALDERMAN, KEN	4.2 NAME	
DDRESS	238 WILKFORD PT. RO.,	4.3 STREET ADDRESS	
IP	N. KINGSTOWN RI 02852	4.4 CITY-ST-ZIP	
	CEOD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
	CHOQUETTE, PAUL J.	5.2 NAME	
DDRESS	57 FORGE RD	5.3 STREET ADDRESS	
IP	WARWICK R.I.	5.4 CITY-ST-ZIP	
	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
	GILBANE, WILLIAM J.	6.2 NAME	
DDRESS	2 QUINCY ADAMS ROAD	6.3 STREET ADDRESS	
IP	BARRINGTON RI	6.4 CITY-ST-ZIP	

CR2E034 (5/99)

reby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information cated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears lock 12 or Block 13 if changed, or on an attachment with an address.

NATURE: X Ken Alderman REQUIRED KEN ALDERMAN 8/26/99 (401) 456-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #