

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 813554

Entity Name: GILBANE, INC.**Current Principal Place of Business:**7 JACKSON WALKWAY
PROVIDENCE, RI 02903**Current Mailing Address:**7 JACKSON WALKWAY
PROVIDENCE, RI 02903 US**FEI Number:** 05-0147010**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name COLLOREDO-MANSFIELD, FRANZ
Address 7 JACKSON WALKWAY
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name FOWLER, JOHN P.
Address 7 JACKSON WALKWAY
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name GALVIN, JOHN
Address 7 JACKSON WALKWAY
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name GILBANE, ROBERT V.
Address 7 JACKSON WALKWAY
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name GILBANE, THOMAS F. III
Address 7 JACKSON WALKWAY
City-State-Zip: PROVIDENCE RI 02903

Title CEO/DIRECTOR
Name GILBANE, THOMAS F. JR.
Address 7 JACKSON WALKWAY
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name GILBANE, WILLIAM J. JR.
Address 7 JACKSON WALKWAY
City-State-Zip: PROVIDENCE RI 02903

Title SECRETARY
Name GORDON, BRAD A.
Address 7 JACKSON WALKWAY
City-State-Zip: PROVIDENCE RI 02903

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRAD A. GORDON**SECRETARY****04/04/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MACINNIS, FRANK
Address 7 JACKSON WALKWAY
City-State-Zip: PROVIDENCE RI 02903

Title TREASURER
Name RUGGIERI, JOHN T.
Address 7 JACKSON WALKWAY
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name NEWMAN, JANE E.
Address 7 JACKSON WALKWAY
City-State-Zip: PROVIDENCE RI 02903

Title DIRECTOR
Name SKATES, RONALD L.
Address 7 JACKSON WALKWAY
City-State-Zip: PROVIDENCE RI 02903