2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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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	GALVIN, JOHN
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	DIRECTOR
Name	GILBANE, WILLIAM J. JR.
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	GILBANE, ROBERT V.
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	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: GORDON , BRAD A. SECRETARY 04/06/2017

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