

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000001528

**Entity Name:** GILBANE FEDERAL COMPANYY

**Current Principal Place of Business:**

7 JACKSON WALKWAY  
PROVIDENCE, RI 02903

**Current Mailing Address:**

7 JACKSON WALKWAY  
PROVIDENCE, RI 02903 US

**FEI Number:** 94-3204374

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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            PRESIDENT, DIRECTOR  
Name            SINGH, SARABJIT  
Address        2730 SHADELANDS DRIVE  
City-State-Zip: WALNUT CREEK CA 94598

Title            SECRETARY  
Name            KESSLER, LEONARD  
Address        88 PINE STREET, 27TH FLOOR  
City-State-Zip: NEW YORK NY 10005

Title            TREASURER, CFO, ASSISTANT  
SECRETARY  
Name            D'AMBROSIO, PAUL  
Address        2730 SHADELANDS DRIVE  
City-State-Zip: WALNUT CREEK CA 94598

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

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

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

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

*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

**ASSISTANT SECRETARY    04/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date