

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000004610

Entity Name: GILBANE DEVELOPMENT COMPANY

Current Principal Place of Business:

7 JACKSON WALKWAY
PROVIDENCE, RI 02903

FILED
Feb 23, 2023
Secretary of State
4078763227CC

Current Mailing Address:

7 JACKSON WALKWAY
PROVIDENCE, RI 02903 US

FEI Number: 05-0346873

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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 GILBANE, THOMAS F. JR.
Address 7 JACKSON WALKWAY
City-State-Zip: PROVIDENCE RI 02903

Title SECRETARY
Name STOLMEIER, MOLLY
Address 7 JACKSON WALKWAY
City-State-Zip: PROVIDENCE RI 02903

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

Title VP
Name KEEGAN, JOHN D.
Address 7 JACKSON WALKWAY
City-State-Zip: PROVIDENCE RI 02903

Title TREASURER
Name LAWRENCE, MATTHEW P.
Address 7 JACKSON WALKWAY
City-State-Zip: PROVIDENCE RI 02903

Title VP
Name STOLMEIER, , MOLLY
Address 7 JACKSON WALKWAY
City-State-Zip: PROVIDENCE RI 02903

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

Title DIRECTOR
Name LAWRENCE, , MATTHEW P.
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: LAWRENCE, MATTHEW

TREASURER

02/23/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title VP
Name AREND, , TORBEN
Address 7 JACKSON WALKWAY
City-State-Zip: PROVIDENCE RI 02903