

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006710

Entity Name: GILBANE BUILDING COMPANY

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

7 JACKSON WALKWAY
PROVIDENCE, RI 02903

New Principal Place of Business:

Current Mailing Address:

7 JACKSON WALKWAY
PROVIDENCE, RI 02903

New Mailing Address:

FEI Number: 05-0495530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ROY, RICHARD R
Address: 10 LEATHER LEAF TRAIL
City-St-Zip: NORTH KINGSTOWN, RI 02852

Title: S () Delete
Name: GORDON, BRAD A
Address: 2 STONEY RUN LANE
City-St-Zip: MARION, MA 02738

Title: PD () Delete
Name: GILBANE, WILLIAM J JR
Address: 140 ADAMS POINT ROAD
City-St-Zip: BARRINGTON, RI 02806

Title: SVP () Delete
Name: RUGGIERI, JOHN T
Address: 3 LEWIS STREET
City-St-Zip: BARRINGTON, RI 02806

Title: CD () Delete
Name: GILBANE, JR, THOMAS F
Address: PO BOX 566
City-St-Zip: NARRAGANSETT, RI 02882

Title: D () Delete
Name: CAROLAN, RICHARD
Address: 295 RUMSTICK RD.
City-St-Zip: BARRINGTON, RI 02806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: GILBANE, JR, THOMAS F
Address: 20 LEROY EVENUE
City-St-Zip: NEWPORT, RI 02840

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN T. RUGGIERI

SVP

04/20/2009

Electronic Signature of Signing Officer or Director

Date