

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000288

Entity Name: GILMAN CIOCIA, INC.**Current Principal Place of Business:**11 RAYMOND AVENUE
POUGHKEEPSIE, NY 12603**Current Mailing Address:**11 RAYMOND AVENUE
POUGHKEEPSIE, NY 12603**FEI Number:** 11-2587324**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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, PRESIDENT
Name RYAN, MICHAEL P
Address 11 RAYMOND AVENUE
City-State-Zip: POUGHKEEPSIE NY 12603

Title DIRECTOR
Name CIOCIA, JAMES H
Address 11 RAYMOND AVENUE
City-State-Zip: POUGHKEEPSIE NY 12603

Title DIRECTOR
Name FAGENSON, ROBERT
Address 11 RAYMOND AVENUE
City-State-Zip: POUGHKEEPSIE NY 12603

Title DIRECTOR
Name GOLDWASSER, MARK
Address 11 RAYMOND AVENUE
City-State-Zip: POUGHKEEPSIE NY 12603

Title CFO
Name LEVIN, ALAN BRUCE
Address 1200 NORTH FEDERAL HIGHWAY
SUITE 400
City-State-Zip: BOCA RATON FL 33432

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: ALAN LEVIN

CFO

03/18/2015

Electronic Signature of Signing Officer/Director Detail_____
Date