



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>508412</b>		2. Exact name of the Corporation <b>Gilbane Insurance Agency Inc.</b>			
3. Principal office address <b>428 Pawtucket Avenue</b>		City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>	
4. Business Phone No. <b>401-431-6140</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Insurance Agency</b>					
<b>PRESIDENT INFORMATION</b>					
President Name <b>JOHN D. GILBANE</b>			Vice-President Name <b>N/A</b>		
Street Address <b>80 DON AVENUE</b>			Street Address		
City <b>RUMFORD</b>	State <b>RI</b>	Zip <b>02916</b>	City	State	Zip
Secretary Name <b>JOHN D. GILBANE</b>			Treasurer Name <b>JOHN D. GILBANE</b>		
Street Address <b>80 DON AVENUE</b>			Street Address <b>80 DON AVENUE</b>		
City <b>RUMFORD</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>RUMFORD</b>	State <b>RI</b>	Zip <b>02916</b>
<b>LIST ALL DIRECTORS NAMES AND ADDRESSES (SEE BOX FOR INFORMATION)</b>					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>SHARES OUTSTANDING</b>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	\$1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



**FILED**

**SEP 12 2012**

**BY**

*178734*  
*DS*

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*[Signature]* **09/11/2012**  
Signature of Authorized Representative Date  
**JOHN D. GILBANE (President)**  
Print or Type Name of Authorized Representative