



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

2015

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. - 508412		2. Exact name of the Corporation - Gilbane Insurance Agency Inc	
3. Principal office address 428 Pawtucket Avenue		City Pawtucket	State RI
4. Business Phone No. 401 4316140		Zip 02916	
5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island - Insurance Personal Lines, Life, DP, Auto, Commercial Lines			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name John D Gilbane		Vice-President Name N/A	
Street Address 428 Pawtucket Ave		Street Address	
City Pawtucket	State RI	City	State
Secretary Name John D Gilbane		Treasurer Name	
Street Address 428 Pawtucket Ave		Street Address	
City Pawtucket	State RI	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name None		Director Name	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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
		100	Common

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 29 2016

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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 of Authorized Representative

Date

Print or Type Name of Authorized Representative