

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

SEORE TARY OF STATE CORPORATIONS DIV

Annual Report for the year: 2019

Limited Liability Company

→ Filing period: September 1 - November 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

Entity ID Number	Exact name of the Limited Liability Company					
979583	Gilbane Broad Street LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531390						
5. State of Formation	Real Estate holding company					
Rhode Island						
6. Principal Office Address			C:ty	State	Zip	
e/o Gilbane Insurance Co., 428 Pawtucket Avenue			Rumford	RI	02916	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name John D. Gilbanc			Contact Title Manager			
Street Address c/o Gilbane Insurance Co., 428 Pawtucket Avenue			City Rumford	State RI	Zip 02916	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name John D. Gilbane			Manager Name			
Street Address c/o Gilbane Insurance Co., 428 Pawtucket Avenue			Street Address			
City Rumford	State R1	Zip 02916	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State, Changes require filing Form 642.						
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.						
Name of Authorized Person John D. Gilbane, Manager				Date Octobe	October <b>Z/</b> , 2019	
Signature of Authorized Person						
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MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED** 

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FORM 632 - Revised: 10/2017