State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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.

1. Entity ID Number	2. Exact name of the Limited Liability Company		
1445427	Gilbane Main Street LLC		
3. NAICS Code: 531390	4. Brief description of the character of business conducted in Rhode Island: Real estate holding company		
5. State of Formation: Rhode Island			
6. Principal Office Address: c/o Gilbane Insurance Co., 428 Pawtucket Avenue	City: Rumford	State: RI	Zip: 02916
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: John D. Gilbane	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: RI / 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. The Resident Agent information currently of record with the RI Department of State is accurate. 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: September 10, 2020		
Signature of Authorized Person: John D Gilbane			

FILED
SEP 25 2020 KM
BY 253

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 632 - Revised: 08/2020