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|--|---|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>Gilbane Development Company</b><br>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>4701 COX ROAD, SUITE 285<br/>GLEN ALLEN, VA</b><br>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b><br>4.) STATE OR COUNTRY OF INCORPORATION:<br><b>RI</b> | DUE DATE: <b>4/30/2016</b><br>SCC ID NO: <b>F1174558</b><br>5.) STOCK INFORMATION<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 5,000 |
| CLASS  | AUTHORIZED  |       |            |        |       |
| COMMON   | 5,000   |       |            |        |       |

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| 6.) PRINCIPAL OFFICE ADDRESS:<br><br>ADDRESS: 7 Jackson Walkway<br>CITY/ST/ZIP: Providence, RI 02903 |
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

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| NAME: MATTHEW P. LAWRENCE<br>TITLE: TREASURER<br>ADDRESS: 7 JACKSON WALKWAY<br>CITY/ST/ZIP/CO: PROVIDENCE, RI 02903       | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME: ROBERT V. GILBANE, JR.<br>TITLE: CEO/CHAIRMAN<br>ADDRESS: 7 JACKSON WALKWAY<br>CITY/ST/ZIP/CO: PROVIDENCE, RI 02903 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME: MOLLY STOLMEIER<br>TITLE: SECRETARY<br>ADDRESS: 7 JACKSON WALKWAY<br>CITY/ST/ZIP/CO: PROVIDENCE, RI 02903           | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME: PAUL J. CHOQUETTE, JR.<br>TITLE: DIRECTOR<br>ADDRESS: 7 JACKSON WALKWAY<br>CITY/ST/ZIP/CO: PROVIDENCE, RI 02903     | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: THOMAS F. GILBANE, JR.<br>TITLE: DIRECTOR<br>ADDRESS: 7 JACKSON WALKWAY<br>CITY/ST/ZIP/CO: PROVIDENCE, RI 02903     | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

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| /s/ MATTHEW P. LAWRENCE<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | MATTHEW P. LAWRENCE,<br>TREASURER<br>PRINTED NAME AND CORPORATE TITLE | 4/8/2016<br>DATE |
|--|---|------------------|

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.