



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

**Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*** THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 161025		2. Name of Corporation Michael J. Silva Architecture, Inc.			
3. Street Address Principal Business Office 43 Featherbed Lane			City Rochester	State MA	Zip 02770
4. Business Phone No.		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Architectural services.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael J. Silva			Vice President Name		
Street Address 43 Featherbed Lane			Street Address		
City Rochester	State MA	Zip 02770	City	State	Zip
Secretary Name Michael J. Silva			Treasurer Name Michael J. Silva		
Street Address 43 Featherbed Lane			Street Address 43 Featherbed Lane		
City Rochester	State MA	Zip 02770	City Rochester	State MA	Zip 02770
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael J. Silva			Director Name		
Street Address 43 Featherbed Lane			Street Address		
City Rochester	State MA	Zip 02770	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 Common No Par Value			100	Common	No Par Value

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**

File Date	JAN 25 2008
By	PS 01763
Check No.	
By	
FOR SECRETARY OF STATE USE ONLY	

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: Michael J. Silva Date: 1/10/08  
Michael J. Silva  
Print or Type Name  
PRESIDENT  
Title