



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 2009

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 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
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			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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value 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.

File Date 2-6-09
Check No. 22512
By: MJC
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 [Signature] Date 1/22/09
Michael J. Silva
Print or Type Name
PRESIDENT
Title