



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. 68051		2. Name of Corporation J.D. SILVEIRA, INC.			
3. Street Address Principal Business Office ONE TURKS HEAD PLACE, SUITE 312			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 401-861-9042		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS A CONTRACTOR AND SUB-CONTRACTOR FOR THE PURPOSE OF HANGING DRYWALL AND SHEET ROCK, ETC.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James Escobar			Vice President Name David Silveira		
Street Address 262 Homestead Avenue			Street Address P.O. Box 14772		
City Rehoboth	State MA	Zip 02769	City East Providence	State RI	Zip 02914
Secretary Name Diana Escobar			Treasurer Name David Silveira		
Street Address 262 Homestead Avenue			Street Address P.O. Box 14772		
City Rehoboth	State MA	Zip 02769	City East Providence	State RI	Zip 02914
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name James Escobar			Director Name David Silveira		
Street Address 262 Homestead Avenue			Street Address P.O. Box 14772		
City Rehoboth	State MA	Zip 02769	City East Providence	State RI	Zip 02914
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
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.			Number of Shares 100	Class/Series common	Par Value no par
			THIS SECTION MUST BE COMPLETED		

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.

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 Date 2/20/2009

David Silveira

Print or Type Name

Vice President

Title

<b>FILED</b>	
File Date	MAR 03 2009
Check No.	By 1250
By	
FOR SECRETARY OF STATE USE ONLY	