



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

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 522121		2. Exact name of the limited liability company Silvestri Leasing Company, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Real Estate Ownership			
5. Principal office address 51 Worthington Road		City Cranston	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Anthony J. Silvestri, Jr.		Contact Title President			
Street Address P.O. Box 8062		City Cranston	State RI	Zip 02920	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name None		Manager Name			
Street Address		Street Address			
City		State	Zip	City	
Manager Name		Manager Name			
Street Address		Street Address			
City		State	Zip	City	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Sherry A. Goldin		Address			
Address 10 Weybosset Street		City Providence, RI		Zip 02903	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**

SEP 08 2011

File Date \_\_\_\_\_  
By AMMC  
Check No. \_\_\_\_\_  
By: 1049

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.

Anthony J. Silvestri, Jr. 9/8/11  
Signature of Authorized Person Date

Anthony J. Silvestri, Jr.

Print or Type Name of Authorized Person