



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 112625		2. Exact name of the Corporation J & AM SILVEIRA, INC.			
3. Principal office address 133 Old Tower Hill Road, Ste. 1		City Wakefield	State RI	Zip 02879	
4. Business Phone No. 789-0217		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To make retail sales					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John Silveira			Vice-President Name AnneMarie Silveira		
Street Address 50 Camden Road			Street Address 50 Camden Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name AnneMarie Silveira			Treasurer Name John Silveira		
Street Address 50 Camden Road			Street Address 50 Camden Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name AnneMarie Silveira			Director Name John Silveira		
Street Address 50 Camden Road			Street Address 50 Camden Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JAN 02 2013

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.

Anne Marie Silveira 12.21.12
Signature of Authorized Representative Date

AnneMarie Silveira, Secretary and V.P.

Print or Type Name of Authorized Representative

BY *mnc*
CR # 1092