



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
401.222.3010

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 150642		2. Exact name of the limited liability company SILLIAN REALTY LLC			
3. State of Formation MASS		4. Brief description of the character of the business which is actually conducted in Rhode Island To own, develop and manage real estate			
5. Principal office address 11 WEST NARRAGANSETT		City NEWPORT	State RI	Zip 02840-0000	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name VICTOR DASILVA REVOCABLE TRUST			Contact Title MEMBER		
Street Address 11 WEST NARRAGANSETT		City NEWPORT	State RI	Zip 02840-0000	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name VICTOR DASILVA			Manager Name MICHELLE DASILVA		
Street Address 57 SILLIAN WAY			Street Address 57 SILLIAN WAY		
City WESTPORT	State MA	Zip 02790	City WESTPORT	State MASS	Zip 02790
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

FILED

MAR 06 2013

BY CR 191825

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

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 of Authorized Person _____ Date _____
VICTOR DASILVA
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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