



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. 486089		2. Exact name of the Corporation SILVA ENVIRONMENTAL & ASSOCIATES, INC.		
3. Principal office address 45 TRANSIT STREET		City WARWICK	State RI	Zip 02889
4. Business Phone No. (401) 413-1142		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island ENVIRONMENTAL TESTING SERVICES				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name MANUEL F. SILVA		Vice-President Name N/A		
Street Address 45 TRANSIT STREET		Street Address		
City WARWICK	State RI	Zip 02889	City	State
Secretary Name MANUEL F. SILVA		Treasurer Name MANUEL F. SILVA		
Street Address 45 TRANSIT STREET		Street Address 45 TRANSIT STREET		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name MANUEL F. SILVA		Director Name NONE		
Street Address 45 TRANSIT STREET		Street Address		
City WARWICK	State RI	Zip 02889	City	State
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
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
		1,000 SHARES	COMMON	NO PAR

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 CORPORATIONS DIV
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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
 JUN 21 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.

Signature of Authorized Representative: *[Signature]*
 Date: **6/21/13**
MANUEL F. SILVA
 Print or Type Name of Authorized Representative: **PRESIDENT**

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