



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 123875		2. Exact name of the limited liability company SILVERWAVE, LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island PARTNERSHIP IN A PROPERTY LOCATED AT 19 MCCORMICK RD NEWPORT			
5. Principal office address 97 RUGGLES AVE		City NEWPORT	State RI	Zip 02840	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ELIZABETH TIEDEMANN			Contact Title PARTNER		
Street Address 97 RUGGLES AVE		City NEWPORT	State RI	Zip 02840	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Form 642.					

2013 OCT -4 PM 3:18
 SECRETARY OF STATE
 CORPORATIONS DIV

FILED

OCT 04 2013

By 49-207578

A. A. 3:22 pm

File Date _____
 Check No _____
 By: _____
 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.

Elizabeth Tiedemann 10/4/13
 Signature of Authorized Person Date
 ELIZABETH TIEDEMANN
 Print or Type Name of Authorized Person