



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 2014

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. 11337		2. Exact name of the Corporation G. Edward Silva & Son Agency Inc.			
3. Principal office address 60 Catamore Blvd.			City East Providence	State R.I.	Zip 02914
4. Business Phone No. 401-435-3600			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island Independent Insurance Agency					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard E. Silva			Vice-President Name Janet M. Silva		
Street Address 50 Trout Brook Lane			Street Address 50 Trout Brook Lane		
City Hope	State R.I.	Zip 02831	City Hope	State R.I.	Zip 02831
Secretary Name Richard E. Silva			Treasurer Name Richard E Silva		
Street Address 50 Trout Brook Lane			Street Address 50 Trout Brook Lane		
City Hope	State R.I.	Zip 02831	City Hope	State R.I.	Zip 02831
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Value

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 SECRETARY OF STATE
 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: _____

FILED

JAN 08 2014

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 _____ Date **01/02/2014**

Richard E. Silva President
 Print or Type Name of Authorized Representative

BY an 214321
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