RI SOS Filing Number: 201436647540 Date: 03/03/2014 4:00 PM

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.	2. Exact name of the Corporation			
34155	SILVA PAINTING, INC.			
3. Principal office address: PO BOX 153		City: CUMBERLAND	State: RI	Zip: 02864
4. Business Phone No.: 4017257775		5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: home improvements, general painting, and general construction				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: AMERICO M. DASILVA			Vice-President Name: AMERICO M. DASILVA		
Street Address: 48 AMHURST ST.			Street Address: 48 AMHURST ST.		
City: CUMBERLAND	State: RI	Zip: 02864	City: CUMBERLAND	State: RI	Zip: 02864
Secretary Name: MARIA DASILVA			Treasurer Name: MARIA DASILVA		
Street Address: 48 AMHURST ST.			Street Address: 48 AMHURST ST.		
City: CUMBERLAND	State: RI	Zip: 02864	City: CUMBERLAND	State: RI	Zip: 02864

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: AMERICO M. DASILVA			Director Name: MARIA DASILVA		
Street Address: 48 AMHURST ST.			Street Address: 48 AMHURST ST.		
City: CUMBERLAND	State: RI	Zip: 02864	City: CUMBERLAND	State: RI	Zip: 02864
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

2014 MAR -3 PM 1:46
SECRETARY OF STATE
CORPORATIONS DIV.

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	200	COMMON	NO PAR VALUE

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 2264
By
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 03 2014
M 218937

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.

Americo Da Silva — 1/29/14
Signature of Authorized Representative — Date

AMERICO M. DASILVA
Print or Type Name of Authorized Representative

103525-11-950449
Form No. 630
Revised: 01/2012