

**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. <b>137901</b>	2. Exact name of the Corporation <b>DASILVA PAVING INC</b>		
3. Principal office address <b>189 FAIRWOOD DRIVE</b>		City <b>TIVERTON</b>	State <b>RI</b>
4. Business Phone No. <b>508-642-9566</b>		5. State of Incorporation <b>RI</b>	

6. Brief description of the character of business conducted in Rhode Island  
**Asphalt Paving**

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

President Name <b>MARIO DASILVA</b>			Vice-President Name <b>ROBERT DASILVA</b>		
Street Address <b>189 Fairwood Drive</b>			Street Address <b>1147 President Avenue</b>		
City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>	City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

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

<b>9. SHARES AUTHORIZED</b> 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.	<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b>	
	NUMBER OF SHARES	CLASS/SERIES
	<b>2000</b>	<b>COMMON</b>
		PAR VALUE
		<b>01</b>

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**  
**MAR 12 2014**  
**BY 3644**

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.  
*Mario Dasilva* 3-11-14  
 Signature of Authorized Representative Date  
**MARIO DASILVA**  
 Print or Type Name of Authorized Representative