



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. 62652		2. Exact name of the Corporation Bay State Restoration, LTD.			
3. Principal office address 338 Metacom Avenue			City Warren	State RI	Zip 02855
4. Business Phone No. (401) 245-0755		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To operate roll-off businesses involved with the collection of debris and to operate a facility that processes construction and demolition debris.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Shari D. Silvia			Vice-President Name Richard S. Silvia		
Street Address 338 Metacom Avenue			Street Address 338 Metacom Avenue		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Shari D. Silvia			Treasurer Name Richard S. Silvia		
Street Address 338 Metacom Avenue			Street Address 338 Metacom Avenue		
City Warren	State RI	Zip 02855	City Warren	State RI	Zip 02885
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		No Par

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 _____

FILED

Check No _____

MAR 14 2014

By: _____

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.

Shari Silvia 3/6/14
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY BY *15369*

Shari Silvia
 Print or Type Name of Authorized Representative