



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 2015

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. 792868 | | 2. Exact name of the Corporation DaSilva Desserts, Inc. | | | |
| 3. Principal office address 3460 Mendon Road | | City Cumberland | | State RI | Zip 02864 |
| 4. Business Phone No. 401-333-2699 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief description of the character of business conducted in Rhode Island Bakery | | | | | |
| President Name Humberto DaSilva | | | | | |
| Vice-President Name | | | | | |
| Street Address 3460 Mendon Road | | | | | |
| City Cumberland | | State RI | Zip 02864 | | |
| Secretary Name Humberto DaSilva | | | | | |
| Treasurer Name Humberto DaSilva | | | | | |
| Street Address 3460 Mendon Road | | | | | |
| City Cumberland | | State RI | Zip 02864 | | |
| Director Name | | | | | |
| Street Address | | | | | |
| City | | State | Zip | | |
| Director Name | | | | | |
| Street Address | | | | | |
| City | | State | Zip | | |
| 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 | | \$1.00 | |

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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.

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.

FILED

FEB 18 2015

Humberto DaSilva 2-17-15
Signature of Authorized Representative Date

Humberto DaSilva

Print or Type Name of Authorized Representative

By *242525*

A.A.