

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 2016

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. 000518594		2. Exact name of the Corporation POLISILVA, INC.			
3. Principal office address 385 SCOTT ROAD			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 401-595-3245		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island POLISHING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name MANUEL SILVA			Vice-President Name		
Street Address 385 SCOTT RD			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name MANUEL SILVA			Treasurer Name MANUEL SILVA		
Street Address 385 SCOTT ROAD			Street Address 385 SCOTT RD		
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 MANUEL SILVA			Director Name		
Street Address 385 SCOTT ROAD			Street Address		
City CUMBERLAND	State RI	Zip 02864	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)		
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	

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 17 2016

BY KL 1689

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.

Manuel O. Silva 3-14-16
 Signature of Authorized Representative Date

MANUEL O. SILVA
 Print or Type Name of Authorized Representative