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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
1123934	**Silverback Construction Inc.**		
3. Principal Office Address	City	State	Zip
40 Mary Lou Avenue	**Westport**	**MA**	**02790**
4. Business Phone Number	5. State of Incorporation		
774-264-9408	**Massachusetts**		

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

Concrete Flatwork Installation

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Michael DeMello	**41 Bentley Lane**	**Westport**	**MA**	**02790**

Vice-President Name	Street Address	City	State	Zip
Michael DeMello	**41 Bentley Lane**	**Westport**	**MA**	**02790**

Secretary Name	Street Address	City	State	Zip
Michael DeMello	**41 Bentley Lane**	**Westport**	**MA**	**02790**

Treasurer Name	Street Address	City	State	Zip
Tracy Burt	**40 Mary Lou Avenue**	**Westport**	**MA**	**02790**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Michael DeMello	**41 Bentley Lane**	**Westport**	**MA**	**02790**

Director Name	Street Address	City	State	Zip
NONE				

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	**Common Stock**	**without par value**

11. 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.

Name of Authorized Representative	Date
Michael DeMello	**8/16/16**

Signature of Authorized Representative

FILED
AUG 19 2016
BY 2845

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 05/2016