

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2016
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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SECRETARY CHESORAT	OF STATE

2016 SEP 13 AM 11: 20

1. Entity ID Number	lo e	6.1 11 12 11 11	1.00				
1 .	I	2. Exact name of the Limited Liability Company					
797218	JOSE E SILVA LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
81	CLERNING						
5. State of Formation	1						
RI							
6. Principal Office Address			City	State	Zip		
25 WATERMAN AVE APT. # 7			EAST PROVIDENCE	RI	02914		
7. Mailing Address of Limited Lia	ability Company a	and Name or Title	of Contact Person				
Contact Name  Jo Sé E. S.LVA			Contact Title OW NER				
Street Address 25 WA TER MAN AVE APT. # 7			City EAST PROVIDENCE	State R I	Zip 02914		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name	Manager Name						
Street Address		Street Address					
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachment							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
Under penalty of perjury, I decistatements, and that all statem	lare and affirm t ents contained	hat I have exam herein are true i	ined this report, including any a and correct.	accompanying s	schedules and		
Name of Authorized Person Date							
SOSE E. SILVA			09/13/2016				
Signature of Authorized Person							
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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