



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
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 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. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island Masonry and historical masonry restoration			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an 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 02855	City Warren	State RI	Zip 02855
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 02855
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State RI	Zip	City	State RI	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100		No Par
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 <i>Shari Silvia</i>					Date <i>2/14/17</i>
Signature of Authorized Representative <i>Shari Silvia</i>					

FILED
 SIGN DOCUMENT HERE
FEB 23 2017

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

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