



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 11431		2. Exact name of the Corporation Silver Lake Iron Works, Inc.			
3. Principal Office Address 45 Fletcher Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 31-33 - Manufacturing		6. Brief description of the character of business conducted in Rhode Island IRONWORK AND ORNAMENTAL RAILINGS AND WELDING THEREOF			
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 Michelangelo Nocera			Vice-President Name None		
Street Address 45 Fletcher Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Rosalba Nocera			Treasurer Name Michelangelo Nocera		
Street Address 45 Fletcher Avenue			Street Address 45 Fletcher Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michelangelo Nocera			Director Name None		
Street Address 45 Fletcher Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name None			Director Name None		
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
		300		Common	No 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. <i>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.</i>					
Name of Authorized Representative Michelangelo Nocera					Date 2-24-17
Signature of Authorized Representative 					

FILED
 SIGN DOCUMENT HERE
 FEB 27 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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