



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

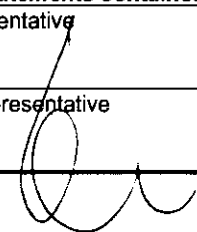
Annual Report for the year: 2017

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 89261		2. Exact name of the Corporation Silvermine Bay, Inc.												
3. Principal Office Address 521 Roosevelt Ave		City Central Falls		State RI	Zip 02863									
4. NAICS Code 53 - Real Estate and Rental anc	6. Brief description of the character of business conducted in Rhode Island To engage in the business of real estate investment													
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 Louis Yip		Vice-President Name Louis Yip												
Street Address 71 Wingate Rd		Street Address 71 Wingate Rd												
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906									
Secretary Name Louis Yip		Treasurer Name Louis Yip												
Street Address 71 Wingate Rd		Street Address 71 Wingate Rd												
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906									
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	Zip	City	State	Zip									
Director Name		Director Name												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
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 <input type="checkbox"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>100</td><td>Common</td><td>No par</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	Common	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 Louis Yip				Date 2/24/2017										
Signature of Authorized Representative 														

FILED

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 28 2017

By 3043

FORM 630 - Revised: 02/2017