



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 1294814 | | 2. Exact name of the Corporation SILENT PARTNERS INC. | | | |
| 3. Principal Office Address 35 RALLS DRIVE | | | City CRANSTON | State RI | Zip 02920 |
| 4. NAICS Code 81 - Other Services (except Pub | 6. Brief description of the character of business conducted in Rhode Island PROVIDING THE PUBLIC WITH TIME SAVING SERVICES. | | | | |
| 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 LAUREN M. AKQUILIAN | | | Vice-President Name LAUREN M. AKQUILIAN | | |
| Street Address 35 RALLS DRIVE | | | Street Address 35 RALLS DRIVE | | |
| City CRANSTON | State RI | Zip 02920 | City CRANSTON | State | Zip 02920 |
| Secretary Name ANNETTE AKQUILIAN | | | Treasurer Name LAUREN M. AKQUILIAN | | |
| Street Address 35 RALLS DRIVE | | | Street Address 35 RALLS DRIVE | | |
| 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 NONE | | | 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"/> | | |
| | | | NUMBER OF SHARES CLASS/SERIES PAR VALUE | | |
| | | | 100 | COMMON | \$.01 |
| 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 LAUREN M. AKQUILIAN | | | | Date 02/28/2017 | |
| Signature of Authorized Representative <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FILED</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">APR 03 2017</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">BY <u>110 DS</u></div> | | | | | |

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