



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 Pul		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 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	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. 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 LAUREN M. AKQUILIAN					Date 02/28/2017		
Signature of Authorized Representative 							

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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