



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 45305 | | 2. Exact name of the Corporation SILVER LINING CORP. | | | | | | | | | | | | |
|---|--------------------|---|--|--------------------|------------------------|------------------|--------------|-----------|-----------|---------------|---------------------|--|--|--|
| 3. Principal Office Address P.O. BOX 221 | | | City BARRINGTON | State RI | Zip 02806 | | | | | | | | | |
| 4. NAICS Code 53 - Real Estate and Rental and | | 6. Brief description of the character of business conducted in Rhode Island REAL ESTATE DEVELOPMENT | | | | | | | | | | | | |
| 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 Cary L. White | | | Vice-President Name Marjorie F. White | | | | | | | | | | | |
| Street Address P.O. Box 221 | | | Street Address P.O. Box 221 | | | | | | | | | | | |
| City Barrington | State RI | Zip 02806 | City Barrington | State RI | Zip 02806 | | | | | | | | | |
| Secretary Name Cary L. White | | | Treasurer Name Cary L. White | | | | | | | | | | | |
| Street Address P.O. Box 221 | | | Street Address P.O. Box 221 | | | | | | | | | | | |
| City Barrington | State RI | Zip 02806 | City Barrington | State RI | Zip 02806 | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name Cary L. White | | | Director Name Marjorie F. White | | | | | | | | | | | |
| Street Address P.O. Box 221 | | | Street Address P.O. Box 221 | | | | | | | | | | | |
| City Barrington | State RI | Zip 02806 | City Barrington | State RI | Zip 02806 | | | | | | | | | |
| Director Name None | | | Director Name None | | | | | | | | | | | |
| 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>98</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 98 | Common | No Par Value | | | |
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| 98 | 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. 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 Cary L. White | | | | | Date 4/21/17 | | | | | | | | | |
| Signature of Authorized Representative <i>[Signature]</i> | | | | | | | | | | | | | | |

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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