



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

FEB 15 2018

BY 1418

Annual Report for the year: 2018
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 137231		2. Exact name of the Corporation John A. Silvia Real Estate, LTD			
3. Principal Office Address 136 West Main Road		City Middletown		State RI	Zip 02842
4. NAICS Code 531210		6. Brief description of the character of business conducted in Rhode Island Provide general real estate brokerage & property management service to and/or manage real estate.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John A. Silvia			Vice-President Name John A. Silvia		
Street Address 136 West Main Road			Street Address 136 West Main Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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			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		PAR VALUE
			0		0
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 John A. Silvia					Date 2/12/18
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov