

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

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.

FILED

FEB 20 2018

BY

39909

1. Entity ID Number 000036674		2. Exact name of the Corporation SILVA BROTHERS, INC.			
3. Principal Office Address 1214 STAFFORD ROAD			City TIVERTON	State RI	Zip 02878
4. Business Phone Number 401-624-6649			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island RESTAURANT & LOUNGE					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JOHN SILVA			Vice-President Name CUSTODIA SILVA		
Street Address 30 CROSS STREET			Street Address 30 CROSS STREET		
City SOMERSET	State MA	Zip 02726	City SOMERSET	State MA	Zip 02726
Secretary Name CUSTODIA SILVA			Treasurer Name JOHN SILVA		
Street Address 30 CROSS STREET			Street Address 30 CROSS STREET		
City SOMERSET	State MA	Zip 02726	City SOMERSET	State MA	Zip 02726
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name JOHN SILVA			Director Name JOHN SILVA		
Street Address 30 CROSS STREET			Street Address 30 CROSS STREET		
City SOMERSET	State MA	Zip 02726	City SOMERSET	State MA	Zip 02726
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	COMMON	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 SILVA					Date 2-15-18
Signature of Authorized Representative JOHN SILVA					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov