

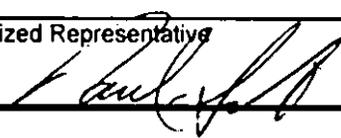


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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 132027		2. Exact name of the Corporation SILVA SEVEN, INC.			
3. Principal Office Address 674 HOPE STREET			City BRISTOL	State RI	Zip 02809
4. NAICS Code 53 110		6. Brief description of the character of business conducted in Rhode Island TO PURCHASE, MAINTAIN, RENT, AND SELL RESIDENTIAL AND COMMERCIAL REAL ESTATE			
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 PAUL SILVA			Vice-President Name LAURA L. SILVA		
Street Address 674 HOPE STREET			Street Address 674 HOPE STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name PAUL SILVA			Treasurer Name LAURA L. SILVA		
Street Address 674 HOPE STREET			Street Address 674 HOPE STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name PAUL SILVA			Director Name LAURA L. SILVA		
Street Address 674 HOPE STREET			Street Address 674 HOPE STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
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
			100		COMMON
					PAR VALUE
					NO PAR
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 PAUL SILVA					Date
Signature of Authorized Representative 					

FILED
 SIGN DOCUMENT HERE
 FEB 28 2018
 6990