



Department of State - Business Services Division

Annual Report for the year:

2019

STAMP

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 000068051		2. Exact name of the Corporation J.D. SILVEIRA, INC			
3. Principal Office Address One Turks Head Place, Suite 312		City Providence		State RI	Zip 02903
4. NAICS Code 238310	6. Brief description of the character of business conducted in Rhode Island To act as a contractor and sub-contractor for the purpose of hanging drywall and sheet rock, etc.				
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 James Escobar			Vice-President Name David Silveira		
Street Address 262 Homestead Avenue			Street Address PO Box 14772		
City Rehoboth	State MA	Zip 02769	City East Providence	State RI	Zip 02904
Secretary Name James Escobar			Treasurer Name David Silveira		
Street Address 262 Homestead Avenue			Street Address PO Box 14772		
City Rehoboth	State MA	Zip 02769	City East Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James Escobar			Director Name David Silveira		
Street Address 262 Homestead Avenue			Street Address PO Box 14772		
City Rehoboth	State MA	Zip 02769	City East Providence	State RI	Zip 02904
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES 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 David Silveira, President				Date 12/31/2018	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED	

TO:

Division of Business Services
101 River Street, Providence, Rhode Island 02904-2615
(401) 222-3040
www.sos.ri.gov

JAN 04 2019

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