



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

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 000013907		2. Exact name of the Corporation EXECUTIVE'S SILENT PARTNER, LTD			
3. Principal Office Address 400 Reservoir Avenue, Suite 3J		City Providence	State RI	Zip 02907	
4. NAICS Code 561311	6. Brief description of the character of business conducted in Rhode Island Professional Services / Employment Agency				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward A. Lemire			Vice-President Name Deborah A. Day		
Street Address 30 Fairview Avenue			Street Address 30 Fairview Avenue		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name Same as above			Treasurer Name same as above		
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 None			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		C. ASS/SERIES	
		1,000 no par value		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 Edward A. Lemire				Date Jan. 30, 2019	
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

FILED

FEB 04 2019

BY

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