



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.

**FILED**

JUN 03 2019

BY

26343  
 [Signature]

|  |                 |   |   |                    |                        |
|--|-----------------|---|---|--------------------|------------------------|
| 1. Entity ID Number<br><b>45305</b>  |                 | 2. Exact name of the Corporation<br><b>SILVER LINING CORP.</b>  |   |                    |                        |
| 3. Principal Office Address<br><b>P.O. Box 221</b>   |                 |   | City<br><b>Barrington</b>   | State<br><b>RI</b> | Zip<br><b>02806</b>    |
| 4. NAICS Code<br><b>236116</b>   |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>Real estate development</b> |   |                    |                        |
| 5. State of Incorporation<br><b>RI</b>   |                 |   |   |                    |                        |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |   |                    |                        |
| President Name <b>Cary L. White</b>  |                 |   | Vice-President Name <b>Marjorie F. White</b>  |                    |                        |
| Street Address <b>P.O. Box 221</b>   |                 |   | Street Address <b>P.O. Box 221</b>  |                    |                        |
| City <b>Barrington</b>   | State <b>RI</b> | Zip <b>02806</b>  | City <b>Barrington</b>  | State <b>RI</b>    | Zip <b>02806</b>       |
| Secretary Name <b>Cary L. White</b>  |                 |   | Treasurer Name <b>Cary L. White</b>   |                    |                        |
| Street Address <b>P.O. Box 221</b>   |                 |   | Street Address <b>P.O. Box 221</b>  |                    |                        |
| City <b>Barrington</b>   | State <b>RI</b> | Zip <b>02806</b>  | City <b>Barrington</b>  | State <b>RI</b>    | Zip <b>02806</b>       |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |   |   |                    |                        |
| Director Name <b>Marjorie F. White</b>   |                 |   | Director Name <b>Cary L. White</b>  |                    |                        |
| Street Address <b>P.O. Box 221</b>   |                 |   | Street Address <b>P.O. Box 221</b>  |                    |                        |
| City <b>Barrington</b>   | State <b>RI</b> | Zip <b>02806</b>  | City <b>Barrington</b>  | State <b>RI</b>    | Zip <b>02806</b>       |
| Director Name <b>None</b>  |                 |   | Director Name <b>None</b>   |                    |                        |
| Street Address   |                 |   | Street Address  |                    |                        |
| City   | State           | Zip   | City  | State              | Zip                    |
| 9. Shares Authorized   |                 |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                        |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                 |   | NUMBER OF SHARES  |                    |                        |
|  |                 |   | CLASS/SERIES  |                    | PAR VALUE              |
|  |                 |   | <b>98</b>   | <b>Common</b>      | <b>No Par Value</b>    |
|  |                 |   |   |                    |                        |
| 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.<br><i>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.</i> |                 |   |   |                    |                        |
| Name of Authorized Representative<br><b>Cary L. White, President</b>   |                 |   |   |                    | Date<br><b>3/22/19</b> |
| Signature of Authorized Representative<br>[Signature]  |                 |   |   |                    |                        |

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov