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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

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 000055066		2. Exact name of the Corporation SILVA ADVERTISING SPECIALTIES, INC.												
3. Principal Office Address 100 Warren Avenue			City East Providence	State RI	Zip 02914									
4. NAICS Code 541890		6. Brief description of the character of business conducted in Rhode Island Advertisement and sale of all promotional business items.												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name David DaSilva			Vice-President Name Tina DaSilva											
Street Address 100 Warren Avenue			Street Address 100 Warren Avenue											
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914									
Secretary Name Tina DaSilva			Treasurer Name David DaSilva											
Street Address 100 Warren Avenue			Street Address 100 Warren Avenue											
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name David DaSilva			Director Name Tina DaSilva											
Street Address 100 Warren Avenue			Street Address 100 Warren Avenue											
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914									
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized 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"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	Common	No Par Value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
200	Common	No 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 David DaSilva				Date 2-18-20										
Signature of Authorized Representative <i>David DaSilva</i>														

SIGN DOCUMENT HERE

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 25 2020

BY *CA 45463*
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FORM 630 - Revised: 10/2017