



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020

## Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------|--------------|
| 1. Entity ID Number<br>1694276                                                                                                                                                                              |          | 2. Exact name of the Limited Liability Company<br>Silva Realty, I.L.C.                                                             |                                  |                    |              |
| 3. NAICS Code<br>531390                                                                                                                                                                                     |          | 4. Brief description of the character of business conducted in Rhode Island<br>Purchase, hold, develop, sell and rent real estate. |                                  |                    |              |
| 5. State of Formation<br>Rhode Island                                                                                                                                                                       |          |                                                                                                                                    |                                  |                    |              |
| 6. Principal Office Address<br>68 Gold Mine Road                                                                                                                                                            |          |                                                                                                                                    | City<br>Chepachet                | State<br>RI        | Zip<br>02814 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |          |                                                                                                                                    |                                  |                    |              |
| Contact Name David J. Silva                                                                                                                                                                                 |          |                                                                                                                                    | Contact Title Manager            |                    |              |
| Street Address 68 Gold Mine Road                                                                                                                                                                            |          |                                                                                                                                    | City Chepachet                   | State RI           | Zip 02814    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |          |                                                                                                                                    |                                  |                    |              |
| Manager Name David J. Silva                                                                                                                                                                                 |          |                                                                                                                                    | Manager Name Barbara S. Silva    |                    |              |
| Street Address 68 Gold Mine Road                                                                                                                                                                            |          |                                                                                                                                    | Street Address 68 Gold Mine Road |                    |              |
| City Chepachet                                                                                                                                                                                              | State RI | Zip 02903                                                                                                                          | City Chepachet                   | State RI           | Zip 02903    |
| Manager Name                                                                                                                                                                                                |          |                                                                                                                                    | Manager Name                     |                    |              |
| Street Address                                                                                                                                                                                              |          |                                                                                                                                    | Street Address                   |                    |              |
| City                                                                                                                                                                                                        | State    | Zip                                                                                                                                | City                             | State              | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |          |                                                                                                                                    |                                  |                    |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |          |                                                                                                                                    |                                  |                    |              |
| <b>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.</b> |          |                                                                                                                                    |                                  |                    |              |
| Name of Authorized Person<br>David J. Silva, Manager                                                                                                                                                        |          |                                                                                                                                    |                                  | Date<br>10-13-2020 |              |
| Signature of Authorized Person<br><i>David J. Silva (manager)</i>                                                                                                                                           |          |                                                                                                                                    |                                  |                    |              |

## MAIL TO:

Division of Business Services

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