

FILED



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 Corporation

FEB 04 2021
 BY 1074
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- 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 <u>001670307</u>		2. Exact name of the Corporation <u>Silver LINING Concierge Service, INC.</u>			
3. Principal Office Address <u>500 Mendon RD - Unit 56</u>		City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	
4. NAICS Code <u>624120</u>		6. Brief description of the character of business conducted in Rhode Island <u>NON-MEDICAL Senior Care Company.</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>LeeAnn Brigido</u>		Vice-President Name			
Street Address <u>500 Mendon RD Unit 56</u>		Street Address			
City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>	City	State	Zip
Secretary Name		Treasurer Name			
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		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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES <u>100%</u>		CLASS/SERIES	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 <u>LeeAnn Brigido</u>				Date <u>1-26-21</u>	
Signature of Authorized Representative					

MAIL TO:
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