RI SOS Filing Number: 202193054730 Date: 2/24/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

F.STAMP
FEB 24 2021
BY 379805

1 Entity ID Number	2. Exact name of the Corporation		
000068051	J.D. SILVEIRA, INC.		
3 Principal Office Address	City	State	Zip
One Turks Head Place, Suite 312	Providence	RI	02903
4. NAICS Code: 238310	6. Brief description of the character of business conducted in Rhode Island: To act as a contractor and sub-contractor for the purpose of hanging drywall and sheet rock, etc.		
5 State of Incorporation: Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
James Escobar	James Escobar
Street Address: 262 Homestead Avenue	Street Address: 262 Homestead Avenue
City: Rehoboth, State: MA, Zip: 02769	City: Rehoboth, State: MA, Zip: 02769
Secretary Name: Diana Escobar	Treasurer Name: James Escobar
Street Address: 262 Homestead Avenue	Street Address: 262 Homestead Avenue
City: Rehoboth, State: MA, Zip: 02769	City: Rehoboth, State: MA, Zip: 02769

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
James Escobar	None
Street Address: 262 Homestead Avenue	Street Address:
City: Rehoboth, State: MA, Zip: 0202769	City, State, Zip:
Director Name: None	Director Name: None
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:

9 Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
50	Common	no par

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	Date
James Escobar	1-28-21

Signature of Authorized Representative: James Escobar

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

FORM 630 - Revised: 08/2020