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.

FILED
MAR 1 2021
BY AP 7507

1. Entity ID Number	2. Exact name of the Corporation
132027	SILVA SEVEN, INC.

3. Principal Office Address	City	State	Zip
674 HOPE STREET	BRISTOL	RI	02809

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531390	TO PURCHASE, MAINTAIN, RENT, AND SELL RESIDENTIAL AND COMMERCIAL REAL ESTATE
5. State of Incorporation	
RI	

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

President Name	Street Address	City	State	Zip
PAUL SILVA	674 HOPE STREET	BRISTOL	RI	02809

Vice-President Name	Street Address	City	State	Zip
LAURA L. SILVA	674 HOPE STREET	BRISTOL	RI	02809

Secretary Name	Street Address	City	State	Zip
PAUL SILVA	674 HOPE STREET	BRISTOL	RI	02809

Treasurer Name	Street Address	City	State	Zip
LAURA L. SILVA	674 HOPE STREET	BRISTOL	RI	02809

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

Director Name	Street Address	City	State	Zip
PAUL SILVA	674 HOPE STREET	BRISTOL	RI	02809

Director Name	Street Address	City	State	Zip
LAURA L. SILVA	674 HOPE STREET	BRISTOL	RI	02809

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	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
PAUL SILVA	1/26/21

Signature of Authorized Representative: Paul Silva

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