## **Department of State - Business Services Division**

## **FILED**

Annual Report for the year: 2021
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.

| DEC 01 2021 |
|-------------|
|             |

| Entity ID Number                                     | 2. Exact no         | 2. Exact name of the Limited Liability Company                              |   |                     |                        |  |
|--|---------------------|---|---|---------------------|------------------------|--|
| 000148864  | Silva &             | Silva & Sons Paving, LLC  |   |                     |                        |  |
| 3. NAICS Code<br>238900                              | 4. Brief de         | 4. Brief description of the character of business conducted in Rhode Island |   |                     |                        |  |
|  | Asphalt F           | Asphalt Paving  |   |                     |                        |  |
| 5. State of Formation                                |                     |   |   |                     |                        |  |
| 6. Principal Office Address                          |                     |   | City  | State               | Zip                    |  |
| 758 Veterans Parkway                                 |                     |   | East Providence                                     | RI                  | 02914                  |  |
| 7. Mailing Address of Limite                         |                     | any and Name o  |   |                     |                        |  |
| Contact Name Robert Silva                            |                     |   | Contact Fille Owner                                 | Contact Title Owner |                        |  |
| Street Address 758 Veterans Parkway                  |                     |   | City East Providence                                | State RI            | <sup>Zip</sup> 02914   |  |
| 8. List ALL managers (nam                            | nes and addresse    | s) of the Limited   | Liability Company, IF APPLICABLE                    | E - DO NOT LIST     | MEMBERS                |  |
| Manager Name   |                     |   | Manager Name  | Manager Name        |                        |  |
| Street Address                                       |                     |   | Street Address                                      | Street Address      |                        |  |
| C:ty   | State               | Zip   | City  | State               | Zip                    |  |
| Manager Name   |                     |   | Manager Name  |                     |                        |  |
| Street Address                                       |                     |   | Street Address                                      | Street Address      |                        |  |
| City   | State               | Zip   | City  | State               | Zip                    |  |
|  | 1                   | L   |   | Check the box to    | indicate an attachment |  |
| 9. The Resident Agent infor                          | rmation currently c | of record with the  | e RI Department of State is accurate                |                     |                        |  |
| Under penalty of perjury, statements, and that all s | I declare and aff   | irm that I have<br>Ined herein are  | examined this report, including a true and correct. | ny accompanyin      | g schedules and        |  |
| Name of Authorized Person                            |                     |   |   | Date                | '                      |  |
| Robert M Silva                                       |                     | /   |   | V ///               | 28/21                  |  |
| Signature of Authorized Pe                           | fsog M              | _   |   |                     |                        |  |

MAIL TO:

**Division of Business Services** 

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