



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

**Annual Report for the year: 2023**  
**Corporation**

MAR 17 2023  
 BY 7904

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>956135</b>		2. Exact name of the Corporation <b>F. Da Silva Home Improvement, Inc.</b>				
3. Principal Office Address <b>74 Berry Lane</b>			City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island <b>Home improvements</b>				
5. State of Incorporation <b>RI</b>						
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
President Name <b>Fred DaSilva</b>			Vice-President Name <b>Fred DaSilva</b>			
Street Address <b>74 Berry Lane</b>			Street Address <b>74 Berry Lane</b>			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	
Secretary Name <b>Fred DaSilva</b>			Treasurer Name <b>Fred DaSilva</b>			
Street Address <b>74 Berry Lane</b>			Street Address <b>74 Berry Lane</b>			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>						
Director Name <b>Fred DaSilva</b>			Director Name			
Street Address <b>74 Berry Lane</b>			Street Address			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE	
			<b>100</b>		<b>Common</b>	<b>No Par Value</b>
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.						
<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 Representative <b>Fred DaSilva</b>				Date <b>1-31-23</b>		
Signature of Authorized Representative 						

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov