



State of Rhode Island

Department of State - Business Services Division

FILED

MAR 22 2023

BY *[Signature]*

Annual Report for the year: 2023
Corporation _____

- 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 000013907		2. Exact name of the Corporation Executive's Silent Partner, Ltd.					
3. Principal Office Address 400 Reservoir Avenue Suite 3J			City Providence	State RI	Zip 02907		
4. NAICS Code 561311		6. Brief description of the character of business conducted in Rhode Island Professional Services / Employment Agency					
5. State of Incorporation RI							
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>		
President Name Edward A. Lemire			Vice-President Name Deborah A. Day				
Street Address 30 Fairview Avenue			Street Address 30 Fairview Avenue				
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905		
Secretary Name SAME As ABOVE			Treasurer Name SAME as ABOVE				
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 NONE			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				Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		1,000		no 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 Edward A. Lemire						Date March 17, 2023	
Signature of Authorized Representative <i>[Signature]</i>							

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615