State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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

FILED STAMP
FEB 07 2024
BY:

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	6. Brief description of the character of business conducted in Rhode Island
238310	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: 02769	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, President	1-24-24

Signature of Authorized Representative
James Escobar of J.D. Silveira Inc

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: 11/2021