RI SOS Filing Number: 202447438420 Date: 2/26/2024 4:00:00 PM

| State of Rhode Island  Department of State - Business Services Division  |              |   |
|--|--------------|---|
| Annual Report for the year: 2024   |              | STAMP                                     |
| Limited Liability Company  → Filing period: February 1 - May 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by May 31. | FEB 2 8 2024 | N. T. |

| 1. Entity ID Number               | 2. Exact name of the Limited Liability Company                           |   |                        |                      |  |
|-----------------------------------|--|---|------------------------|----------------------|--|
| 000119755                         | Salem Silveira Land Company LLC  |   |                        |                      |  |
| 3 NAICS Code                      | Brief description of the character of business conducted in Rhode Island |   |                        |                      |  |
| 531390                            | To invest in and manage real estate                                      |   |                        |                      |  |
| 5. State of Formation             |  |   |                        |                      |  |
| Rhode Island                      |  |   |                        |                      |  |
| 6. Principal Office Address       | ··-  | City  | State                  | Zip                  |  |
| 201 Main Street                   |  | Warren  | RI                     | 02885                |  |
| 7 Mailing Address of Limite       | d Liability Company and Name   | or Title of Contact Person                          |                        | <del></del>          |  |
| Contact Name Nafez Salem          |  | Contact Title                                       |                        |                      |  |
| Street Address 48 Kyle Jacob Road |  | City Westport                                       | State MA               | <sup>Zip</sup> 02790 |  |
| 8. The Resident Agent infor       | mation currently of record with  | the RI Department of State is acc                   | urate. Changes require | e filing Form 642    |  |
|                                   | y, I declare and affirm that I h<br>tatements contained herein a         | ave examined this report, inclure true and correct. | ding any accompany     | ing schedules and    |  |
| Name of Authorized Person         |  |   | Date                   |                      |  |
| Nafez Salem                       |  |   | 2/23/24                |                      |  |
| Signature of Authorized Per       | son<br>F//   |   | , ,                    | •                    |  |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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