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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.

1. Entity ID Number	2. Exact name of the Corporation
000055066	SILVA ADVERTISING SPECIALTIES, INC

3. Principal Office Address	City	State	Zip
100 Warren Avenue	East Providence	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541890	Advertisement and sale of all promotional business items
5. State of Incorporation: RI	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
David DaSilva	100 Warren Avenue	East Providence	RI	02914

Vice-President Name	Street Address	City	State	Zip
Tina DaSilva	100 Warren Avenue	East Providence	RI	02914

Secretary Name	Street Address	City	State	Zip
Tina DaSilva	100 Warren Avenue	East Providence	RI	02914

Treasurer Name	Street Address	City	State	Zip
David DaSilva	100 Warren Avenue	East Providence	RI	02914

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
David DaSilva	100 Warren Avenue	East Providence	RI	02914

Director Name	Street Address	City	State	Zip
Tina DaSilva	100 Warren Avenue	East Providence	RI	02914

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	200	Common	No par value
Changes require an additional filing.			

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
David DaSilva	2-27-24

Signature of Authorized Representative: David Da Silva

FILED
MAR 22 2024
BY ML 47282

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: 12/2023