



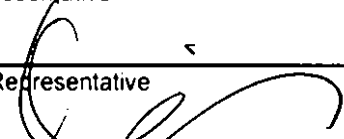
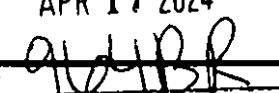
**State of Rhode Island  
Department of State - Business Services Division**

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.

REC'D RIDG BSD  
24 APR 17 AM 10:51:01

1. Entity ID Number <b>89261</b>		2. Exact name of the Corporation <b>Silvermine Bay ,Inc</b>				
3. Principal Office Address <b>521 Roosevelt Ave</b>			City <b>Central Falls</b>	State <b>RI</b>	Zip <b>02863</b>	
4. NAICS Code <b>53 110</b>		6. Brief description of the character of business conducted in Rhode Island <b>To engage in the Business of real Estate Investment</b>				
5. State of Incorporation <b>Rhode Island</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>Louis Yip</b>			Vice-President Name <b>Tze Ping Ng</b>			
Street Address <b>71 Wingate Rd</b>			Street Address <b>76 Middle Rd</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	
Secretary Name <b>Louis Yip</b>			Treasurer Name <b>Eric Leung</b>			
Street Address <b>71 Wingate Rd</b>			Street Address <b>3 Lori Ann Dr.</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name			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	
		<b>600</b>	<b>common</b>	<b>No Par</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>LOUIS YIP</b>			<b>FILED</b>		Date <b>4/1/2024</b>	
Signature of Authorized Representative 			<b>APR 17 2024</b> 			

**MAIL TO:**  
Division of Business Services  
148 W River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)