



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 89261		2. Exact name of the Corporation Silvermine Bay ,Inc			
3. Principal Office Address 521 Roosevelt Ave			City Central Falls	State RI	Zip 02863
4. NAICS Code 53 1110		6. Brief description of the character of business conducted in Rhode Island To engage in the Business of real Estate Investment			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Louis Yip			Vice-President Name Tze Ping Ng		
Street Address 71 Wingate Rd			Street Address 76 Middle Rd		
City Providence	State RI	Zip 02906	City East Greenwich	State RI	Zip 02818
Secretary Name Louis Yip			Treasurer Name Eric Leung		
Street Address 71 Wingate Rd			Street Address 3 Lori Ann Dr.		
City Providence	State RI	Zip 02906	City Lincoln	State RI	Zip 02865
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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		600	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. <i>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.</i>					
Name of Authorized Representative LOUIS YIP			FILED		Date 4/1/2024
Signature of Authorized Representative			APR 17 2024		

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov

BY APR 17 2024