

State of Rhode Island  
Department of State - Business Services Division

FILED

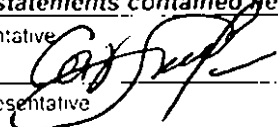
APR 17 2024

BY 

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 001736088		2 Exact name of the Corporation SILVA TRADING COMPANY INC			
3 Principal Office Address 77 HIGH ST APT 1			City CUMBERLAND	State RI	Zip 02864
4 NAICS Code 484120		6 Brief description of the character of business conducted in Rhode Island GROUND TRANSPORTATION			
5 State of Incorporation RI					
7 List ALL officers (names and addresses)					Check the box to indicate an attachment
President Name CARLOS SILVA			Vice-President Name		
Street Address 77 HIGH ST APT 1			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name CARLOS SILVA			Treasurer Name CARLOS SILVA		
Street Address 77 HIGH ST APT 1			Street Address 77 HIGH ST APT 1		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8 List ALL directors (names and addresses)					Check the box to indicate an attachment
Director Name CARLOS SILVA			Director Name		
Street Address 77 HIGH ST APT 1			Street Address		
City CUMBERLAND	State RI	Zip 02864	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	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		CNP	
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 				Date 04-13-24	
Signature of Authorized Representative CARLOS SILVA					

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