



**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.

APR 23 2024
8165 *a*

1. Entity ID Number 956135		2. Exact name of the Corporation F. Da Silva Home Improvement, Inc.			
3. Principal Office Address 74 Berry Lane			City Bristol	State RI	Zip 02809
4. NAICS Code 236118		6. Brief description of the character of business conducted in Rhode Island Home improvements			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Fred DaSilva			Vice-President Name Fred DaSilva		
Street Address 74 Berry Lane			Street Address 74 Berry Lane		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Fred DaSilva			Treasurer Name Fred DaSilva		
Street Address 74 Berry Lane			Street Address 74 Berry Lane		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Fred DaSilva			Director Name		
Street Address 74 Berry Lane			Street Address		
City Bristol	State RI	Zip 02809	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	
		100		Common	
				No Par Value	
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 Fred DaSilva				Date 4-9-24	
Signature of Authorized Representative <i>Fred DaSilva</i>					

MAIL TO:
 Division of Business Services
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