



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 <b>956135</b>		2. Exact name of the Corporation <b>F. Da Silva Home Improvement, Inc.</b>				
3. Principal Office Address <b>74 Berry Lane</b>			City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	
4. NAICS Code <b>236118</b>		6. Brief description of the character of business conducted in Rhode Island <b>Home improvements</b>				
5. State of Incorporation <b>RI</b>						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name <b>Fred DaSilva</b>			Vice-President Name <b>Fred DaSilva</b>			
Street Address <b>74 Berry Lane</b>			Street Address <b>74 Berry Lane</b>			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	
Secretary Name <b>Fred DaSilva</b>			Treasurer Name <b>Fred DaSilva</b>			
Street Address <b>74 Berry Lane</b>			Street Address <b>74 Berry Lane</b>			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name <b>Fred DaSilva</b>			Director Name			
Street Address <b>74 Berry Lane</b>			Street Address			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	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	
		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.						
<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>Fred DaSilva</b>					Date <b>4-9-24</b>	
Signature of Authorized Representative <i>Fred DaSilva</i>						

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