



State of Rhode Island
Department of State - Business Services Division

FILED A.M.P

Annual Report for the year: 2024

MAY 17 2024
BY *[Signature]*

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 000486089		2. Exact name of the Corporation SILVA ENVIRONMENTAL & ASSOCIATES, INC.			
3. Principal Office Address 45 TRANSIT STREET			City WARWICK	State RI	Zip 02889
4. NAICS Code 541380		6. Brief description of the character of business conducted in Rhode Island ENVIRONMENTAL TESTING SERVICES			
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 MANUEL F. SILVA			Vice-President Name N/A		
Street Address 45 TRANSIT STREET			Street Address		
City WARWICK	State RI	Zip 02889	City	State	Zip
Secretary Name MANUEL F. SILVA			Treasurer Name MANUEL F. SILVA		
Street Address 45 TRANSIT STREET			Street Address 45 TRANSIT STREET		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MANUEL F. SILVA			Director Name N/A		
Street Address 45 TRANSIT STREET			Street Address		
City WARWICK	State RI	Zip 02889	City	State	Zip
Director Name N/A			Director Name N/A		
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	
		1,000 SHARES		COMMON	
				PAR VALUE	
				\$0.01	
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 MANUEL F. SILVA (President)					Date 5-14-24
Signature of Authorized Representative <i>[Signature]</i>					

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