



State of Rhode Island
Department of State - Business Services Division

FILED

JAN 23 2025

BY 115K
EGAnnual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1 **RECORDS MADE EDITS PER FILER**

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>001670307</u>		2. Exact name of the Corporation <u>Silver Lining Concierge Service, INC.</u>	
3. Principal Office Address <u>4 Mitris BLVD</u>		City <u>Lincoln</u>	State <u>RI</u>
		Zip <u>02865</u>	
4. NAICS Code <u>624120</u>	6. Brief description of the character of business conducted in Rhode Island <u>NON-MEDICAL CARE giving</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>LeeAnn Brigido</u>		Vice-President Name <u>N/A</u>	
Street Address <u>4 Mitris BLVD</u>		Street Address	
City <u>Lincoln</u>	State <u>RI</u>	Zip <u>02865</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES <u>100 %</u>	CLASS/SERIES <u>✓</u>
			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 <u>LeeAnn Brigido</u>		Date <u>2/1/25</u>	
Signature of Authorized Representative <u>Juan Brigido</u>			

MAIL TO:

Division of Business Services

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