

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2025

Limited Liability Company

Filing period: February 1 - May 1
Filing Fee: \$50.00

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

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1. Entity ID Number 001699248	2. Exact name of the Limited Liability Company ClarkSilva, LLC				
3. NAICS Code 541211	Brief description of the character of business conducted in Rhode Island Professional CPA services.				
5. State of Formation RI				~	
		City Warwick	State RI	Zip 02886	
7. Mailing Address of Limited L	iability Company and Nam	e or Title of Contact Person	. - I		
Contact Name Keith R. Clark	Contact Title CPA				
Street Address 475 Kilvert Street, Building B, Suite 125		City Warwick	State RI	Zip 02886	
8. The Resident Agent informa	tion currently of record with	the RI Department of State is a	ccurate. Changes requ	ire filing Form 642.	
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 Person Keith C. Clark		Date /	Date 1/21/2025		
Signature of Authorized Person					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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