

RECD RI SOS 350
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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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 ST.			City WARWICK	State R.I.	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 ST.			Street Address											
City WARWICK	State R.I.	Zip 02889	City	State	Zip									
Secretary Name MANUEL F. SILVA			Treasurer Name											
Street Address 45 TRANSIT ST.			Street Address											
City WARWICK	State R.I.	Zip 02889	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name MANUEL F. SILVA			Director Name											
Street Address 45 TRANSIT ST.			Street Address											
City WARWICK	State R.I.	Zip 02889	City	State	Zip									
Director Name N/A			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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000 SHARES</td> <td>COMMON</td> <td>\$0.01</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000 SHARES	COMMON	\$0.01			
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1,000 SHARES	COMMON	\$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 3-15-25											
Signature of Authorized Representative <i>[Signature]</i>														

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 19 2025
BY **X8Y64**

FORM 630- Revised: 12/2023