RECD RIDOS 3SD
'25 MAR 19 P1:06:07

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	2. Exact name of the Corporation
000486089	SILVA ENVIRONMENTAL + ASSOCIATES, INC

3. Principal Office Address	City	State	Zip
45 TRANSIT ST.	WARWICK	R.I.	02889

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541380	ENVIRONMENTAL TESTING SERVICES
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
MANUEL F. SILVA	N/A
Street Address	Street Address
45 TRANSIT ST.	
City / State / Zip	City / State / Zip
WARWICK / R.I. / 02889	
Secretary Name	Treasurer Name
MANUEL F. SILVA	
Street Address	Street Address
45 TRANSIT ST.	
City / State / Zip	City / State / Zip
WARWICK / R.I. / 02889	

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
MANUEL F. SILVA	
Street Address	Street Address
45 TRANSIT ST.	
City / State / Zip	City / State / Zip
WARWICK / R.I. / 02889	
Director Name	Director Name
N/A	
Street Address	Street Address
City / State / Zip	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	CLASS/SERIES	PAR VALUE
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	Date
MANUEL F. SILVA (PRESIDENT)	3-19-25

Signature of Authorized Representative

FILED
MAR 19 2025
BY XSY64

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

FORM 630- Revised: 12/2023