



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.

FILED

STAMP
APR 10 2025

(Signature)

BY 8332

1. Entity ID Number 956135		2. Exact name of the Corporation F. Da Silva Home Improvement, Inc.		
3. Principal Office Address 74 Berry Lane		City Bristol	State RI	Zip 02809
4. NAICS Code 236118	6. Brief description of the character of business conducted in Rhode Island Home Improvements			
5. State of Incorporation RI				
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐				
President Name Fred DaSilva		Vice-President Name Fred DaSilva		
Street Address 74 Berry Lane		Street Address 74 Berry Lane		
City Bristol	State RI	Zip 02809	City Bristol	State RI
Secretary Name Fred DaSilva		Treasurer Name Fred DaSilva		
Street Address 74 Berry Lane		Street Address 74 Berry Lane		
City Bristol	State RI	Zip 02809	City Bristol	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐				
Director Name Fred DaSilva		Director Name		
Street Address 74 Berry Lane		Street Address		
City Bristol	State RI	Zip 02809	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized Check the box to indicate an attachment ☐				
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		100	Common	No Par
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 Fred DaSilva			Date 3-30-25	
Signature of Authorized Representative <i>(Signature)</i>				

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov