



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 42665		2. Exact name of the Corporation TONY SILVA CONTRACTOR, INC.			
3. Principal office address 63 Berkeley Street			City East Providence	State RI	Zip 02914
4. Business Phone No. 4014384705			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island General Contracting Business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Anthony DaSilva			Vice-President Name Michael DaSilva		
Street Address 61 Berkeley Street			Street Address 118 South Spruce Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Loretta DaSilva			Treasurer Name Michael DaSilva		
Street Address 63 Berkeley Street			Street Address 118 South Spruce Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Anthony DaSilva			Director Name Michael DaSilva		
Street Address 61 Berkeley Street			Street Address 118 South Spruce Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	No Par Value

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

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.
 + *Loretta DaSilva* 1/4/13
 Signature of Authorized Representative Date
Loretta DaSilva
 Print or Type Name of Authorized Representative

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 BY 02192735