

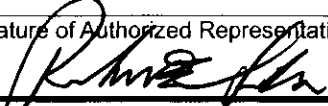



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 11337		2. Exact name of the Corporation G. Edward Silva & Son Agency Inc.			
3. Principal Office Address 60 Catamore Blvd.			City East Providence	State R.I.	Zip 02914
4. NAICS Code 52 - Finance and Insurance <input type="checkbox"/>		6. Brief description of the character of business conducted in Rhode Island Independent Insurance Agency			
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 Richard E. Silva			Vice-President Name Janet M. Silva		
Street Address 50 Trout Brook Lane			Street Address 50 Trout Brook Lane		
City Hope	State R.I.	Zip 02831	City Hope	State R.I.	Zip 02831
Secretary Name Richard E. Silva			Treasurer Name Richard E, Silva		
Street Address 50 Trout Brook Lane			Street Address 50 Trout Brook Lane		
City Hope	State R.I.	Zip 02831	City Hope	State R.I.	Zip 02831
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	No Par Value
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 Richard E Silva					Date 01/01/2017
Signature of Authorized Representative 					BY 
SIGN DOCUMENT HERE.					

FILED

JAN 13 2017

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