

State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: 2021
 Corporation

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

FILED

MAR 17 2021

BY: 2098 DS

1. Entity ID Number 000518594		2. Exact name of the Corporation POLISILVA, INC.			
3. Principal Office Address 385 SCOTT ROAD			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island POLISHING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MANUEL SILVA			Vice-President Name		
Street Address 385 SCOTT RD			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name MANUEL SILVA			Treasurer Name MANUEL SILVA		
Street Address 385 SCOTT ROAD			Street Address 385 SCOTT RD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MANUEL SILVA			Director Name		
Street Address 385 SCOTT ROAD			Street Address		
City CUMBERLAND	State RI	Zip 02864	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	1
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 <u>Manuel O. Silva</u>				Date <u>3/13/21</u>	
Signature of Authorized Representative MANUEL O. SILVA					

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