

State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: 2023
 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
MAR 13 2023
 BY LSJ
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|---|-------------|--|--------------------------------|--------------|-----------------------|
| 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 | | | | | |
| 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 | | | | | |
| 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 | | | | | |
| 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 | 0 |
| 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>3-9-23</u> |
| Signature of Authorized Representative MANUEL O. SILVA | | | | | |

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov