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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
131322	INIVAS, INC.			
3. Street Address Principal Business Office	42 CHERRY STREET	City WOONSOCKET	State RI	Zip 02895
4. Business Phone No.	(401) 769-3330	5. State of Incorporation	RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island	THE OPERATION OF A RESTAURANT			

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

	President Name	Street Address	City	State	Zip
	ROGER A SAVINI	233 KNOLLRIDGE DRIVE	N. SMITHFIELD	RI	02896
	Vice President Name	Street Address	City	State	Zip
	MICHELINE Y. SAVINI	233 KNOLLRIDGE DRIVE	N. SMITHFIELD	RI	02896
	Secretary Name	Street Address	City	State	Zip
	JILL A MOYLAN	40 Old Louisquisset Pike #403	N. SMITHFIELD	RI	02896
	Treasurer Name	Street Address	City	State	Zip
	GINA M. SAVINI	233 KNOLLRIDGE DRIVE	N. SMITHFIELD	RI	02896

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	Common	WITHOUT 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.

[redacted] [redacted]

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.

Jill A Moylan 2/9/09
Signature *Date*

Jill A. Moylan
Print or Type Name

SECRETARY
Title

[redacted]

File Date FILED
Check No. FEB 12 2009
By By 3343
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Form 630 Rev. 08/08

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