

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Form 630 Rev. 12/03

ZUUT	PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2005
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Filing Period: January (FORM MUST BE TYPED OR		ling Fee: \$50.00			<u> </u>	
1. Corporate ID No.	2. Name of Corpora	tion				
56900 3. Street Address Principal Busi	SAVI Interna	tional Corporation		T - **-		
425 EAST	MAIN RD		MIDDLE TO	UN State	2ip 0284 2	
4. Business Phone No.	-3555	5. State of Incorporation	11		6. SIC Code 7096	
7. Brief Description of the Chan	acter of Business Conducted GE HOTEL/RESTAURA	in Rhode Island	<u> </u>		7 7090	
8. NAMES AND ADDRES			TACHMENT) - EIII I	N SPACES BEFORE USI	NIAC ANTIFIA CITERANDENINO	
President Name	<i>C</i>		Vice President Name		NG ATTACHMENTS	
Street Address	Sandonat	0	Umberto	Sandonato		
48 Ward	AUE		48 Ward	SUE		
Middletown	State RI	^{zip} 02842	Midd Litoun	State	21p D2842	
Pia Pas	anale		Treasurer Name RHA MAI	h		
Street Address	AUE	750	Street Address	1 -		
48 Ward	State	Zip	48 Ward	State	Zip	
Middletown.	RI	02842	Midd Wowr	_	102042	
Director Name	iondonato		Director Name			
Vincent Sandonato			Street Address	Street Address		
48 Ward	DUE					
Mich lestown	State 17.T	02842_	City	State	Zip	
Director Name	• • • • • • • • • • • • • • • • • • • •	···· ·································	Director Name			
treet Address			Street Address			
			Sirect Titypi Cal			
ŭψ	State	Zip	City	State	Zíp	
0. SHARES AUTHORIZE UTHORIZED SHARES	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTAC	 HMENT) [
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 NO PAR VALUE			NONE			
This was at an and	h	d d The the TY	7			
rms report must	be signed in link by el	ther the President, vice	President, Secretary, Assis	stant Secretary, Treasurer	, Receiver or Trustee	
				•		
! !!			Under penalty of p	perjury, I declare and affirm	that I have examined this rep	
	·		contained herein a	re true and correct.	atements, and that all statem	
ile Date		-	0//me	enH Xends	onato 3/1/05	
heck No.	FILED		Signature of Officer		Date	
	ਤ 9 2005		Print or Type Name		0 1	
FOR SECRETARY-OF	2	•	Page Name	oj Ojjitti		
FOR SECRETARY OF	STATE USE ONLY		Title of Officer			