



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 001667237		2. Exact name of the Corporation SAVIOR PROPERTIES, INC.			
3. Principal Office Address 4 WEYMOUTH LANE			City COVENTRY	State RI	Zip 02816
4. Business Phone Number 401-487-5174			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island REAL ESTATE SERVICES (G31110)					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBIN ADAMS			Vice-President Name ROBIN ADAMS		
Street Address 4 WEYMOUTH LANE			Street Address 4 WEYMOUTH LANE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name ROBIN ADAMS			Treasurer Name ROBIN ADAMS		
Street Address 4 WEYMOUTH LANE			Street Address 4 WEYMOUTH LANE		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ROBIN ADAMS			Director Name		
Street Address 4 WEYMOUTH LANE			Street Address		
City COVENTRY	State RI	Zip 02816	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		
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 ROBIN ADAMS					Date 8-31-17
Signature of Authorized Representative					

SIGN DOCUMENT HERE

FILED

SEP 05 2017

1241 DS

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov