



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 <b>1667296</b>		2. Exact name of the Corporation <b>SAVIA CORP.</b>			
3. Principal Office Address <b>6630 St. Andrews Drive</b>			City <b>Paducah</b>	State <b>KY</b>	Zip <b>42003</b>
4. NAICS Code <b>531390</b>	6. Brief description of the character of business conducted in Rhode Island <b>Real estate development</b>				
5. State of Incorporation <b>R.I.</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Rita Mayo</b>			Vice-President Name <b>Perezia Pia Sandonato</b>		
Street Address <b>6630 St. Andrews Drive</b>			Street Address <b>Viale L. DaVinci, 200</b>		
City <b>Paducah</b>	State <b>KY</b>	Zip <b>42003</b>	City <b>Rome</b>	State <b>Italy</b>	Zip <b>00145</b>
Secretary Name <b>Perezia Pia Sandonato</b>			Treasurer Name <b>Rita Mayo</b>		
Street Address <b>Viale L. DaVinci, 200</b>			Street Address <b>6630 St. Andrews Drive</b>		
City <b>Rome</b>	State <b>Italy</b>	Zip <b>00145</b>	City <b>Paducah</b>	State <b>KY</b>	Zip <b>42003</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>common</b>	PAR VALUE <b>no par</b>
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.					
<b>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.</b>					
Name of Authorized Representative <b>Joseph R. Palumbo</b>				Date <b>10/30/17</b>	
Signature of Authorized Representative <i>Joseph R. Palumbo</i>				SIGN DOCUMENT HERE <b>FILED</b>	

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

NOV 03 2017

BY *JP 316852*

FORM 630 - Revised: 08/2017