



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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>8913</b>		2. Name of Corporation <b>SAVON SHOES, INC.</b>			
3. Street Address Principal Business Office <b>1720 MINERAL SPRING AVE</b>			City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
4. Business Phone No. <b>(401) 353-1762</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>3756</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>RETAIL, WHOLESALE, MANUFACTURING AND SALES OF WEARING APPAREL</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>LOUIS GRANDE</b>			Vice President Name <b>DAVID GRANDE</b>		
Street Address <b>2 JASON DRIVE</b>			Street Address <b>115 MANCHESTER FARM ROAD</b>		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>NO. PROV.</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>DAVID GRANDE</b>			Treasurer Name <b>LOUIS GRANDE</b>		
Street Address <b>115 MANCHESTER FARM ROAD</b>			Street Address <b>2 JASON DRIVE</b>		
City <b>NO. PROV.</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02911</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 COMM NO PAR VALUE</b>			<b>0</b>		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	<b>1-11-05</b>
Check No.	<b>964</b>
By:	<b>2</b>
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer

**DAVID GRANDE**

Print or Type Name of Officer

**VICE PRESIDENT**

Title of Officer

Date



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

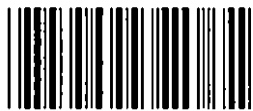
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>8913</b>		2. Name of Corporation <b>SAVON SHOES, INC.</b>			
3. Street Address Principal Business Office <b>1720 MINERAL SPRING AVE</b>			City <b>NO PROV.</b>	State <b>RI</b>	Zip <b>02904</b>
4. Business Phone No. <b>(401) 353-1762</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>3756</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>RETAIL, WHOLESALE, MANUFACTURING AND SALES OF WEARING APPAREL</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>LOUIS GRANDE</b>			Vice President Name <b>DAVID GRANDE</b>		
Street Address <b>2 JASON DRIVE</b>			Street Address <b>115 MANCHESTER FARM ROAD</b>		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>NO. PROV</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>DAVID GRANDE</b>			Treasurer Name <b>LOUIS GRANDE</b>		
Street Address <b>115 MANCHESTER FARM ROAD</b>			Street Address <b>2 JASON DRIVE</b>		
City <b>NO. PROV</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02911</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 COMM NO PAR VALUE</b>			<b>0</b>		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 9 1 3 \*

File Date **FILED**  
Check No. **JAN 06 2004**  
By: **445 GMA**  
SECRETARY OF STATE USE ONLY

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.

Signature of Officer

**DAVID GRANDE**

Print or Type Name of Officer

**VICE PRESIDENT**

Title of Officer



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

8913

SAVON SHOES, INC.

3. Street Address Principal Business Office

City

State

Zip

1720 MINERAL SPRING AVE

NO. PROVIDENCE

RI

02904

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401) 353-1762

RHODE ISLAND

3756

7. Brief Description of the Character of Business Conducted in Rhode Island

RETAIL, WHOLESALE, MANUFACTURING & SALES OF WEARING APPAREL AND SHOES

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

LOUIS GRANDE

DAVID GRANDE

Street Address

Street Address

2 JASON DRIVE

115 MANCHESTER FARM ROAD

City

State

Zip

City

State

Zip

LINCOLN

RI

02911

NO. PROV.

RI

02904

Secretary Name

Treasurer Name

DAVID GRANDE

LOUIS GRANDE

Street Address

Street Address

115 MANCHESTER FARM ROAD

2 JASON DRIVE

City

State

Zip

City

State

Zip

NO. PROV.

RI

02904

LINCOLN

RI

02911

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

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

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

600 COMM NO PAR VALUE

0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 9 1 3 \*

File Date: 3-11-03

Check No.: 9276

By: UGP

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

DAVID GRANDE

Print or Type Name of Officer

VICE PRESIDENT

Title of Officer



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **8913** 2. Name of Corporation **SAVON SHOES, INC.**

3. Street Address Principal Business Office **1720 MINERAL SPRING AVE** City **NO. PROVIDENCE** State **RI** Zip **02904**  
4. Business Phone No. **(401) 353-1762** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3756**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**RETAIL, WHOLESALE, MANUFACTURING & SALES OF WEARING APPAREL AND SHOES**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>LOUIS GRANDE</b> Street Address <b>2 JASON DRIVE</b> City <b>LINCOLN</b> State <b>RI</b> Zip <b>02911</b>	Vice President Name <b>DAVID GRANDE</b> Street Address <b>115 MANCHESTER FARM ROAD</b> City <b>NO. PROVIDENCE,</b> State <b>RI</b> Zip <b>02904</b>
Secretary Name <b>DAVID GRANDE</b> Street Address <b>115 MANCHESTER FARM ROAD</b> City <b>NO. PROVIDENCE,</b> State <b>RI</b> Zip <b>02904</b>	Treasurer Name <b>LOUIS GRANDE</b> Street Address <b>2 JASON DRIVE</b> City <b>LINCOLN</b> State <b>RI</b> Zip <b>02911</b>

9. 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	Director Name  Street Address  City  State  Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**600 COMM NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**0**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 9 1 3 \*

File Date: 1-17-02

Check No.: 8731

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 1/15/02

**DAVID GRANDE**

Print or Type Name of Officer

**VICE PRESIDENT**

Title of Officer



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

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



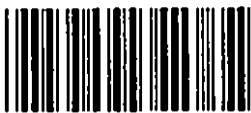
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>8913</b>		2. Name of Corporation <b>SAVON SHOES, INC.</b>			
3. Street Address Principal Business Office <b>1720 MINERAL SPRING AVE</b>		City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	
4. Business Phone No. <b>(401) 353-1762</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>3756</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>RETAIL, WHOLESALE, MANUFACTURING &amp; SALES OF WEARING APPAREL AND SHOES</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>LOUIS GRANDE</b>		Vice President Name <b>DAVID GRANDE</b>			
Street Address <b>2 JASON DRIVE</b>		Street Address <b>115 MANCHESTER FARM ROAD</b>			
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>
Secretary Name <b>DAVID GRANDE</b>		Treasurer Name <b>LOUIS GRANDE</b>			
Street Address <b>115 MANCHESTER FARM ROAD</b>		Street Address <b>2 JASON DRIVE</b>			
City <b>NO. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02911</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
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
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)					11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES					ISSUED SHARES
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 SHS COMM NO PAR VALUE</b>		<b>NONE</b>	<b>NONE</b>		<b>NONE</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 9 1 3 \*

File Date: 1/31

Check No.: 8824

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature]  
Signature of Officer Date

**DAVID GRANDE**

Print or Type Name of Officer

**VICE PRESIDENT**

Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>8913</b>		2. Name of Corporation <b>SAVON SHOES, INC.</b>	
3. Street Address Principal Business Office <b>1720 MINERAL SPRING AVE</b>		City <b>NO. PROVIDENCE</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 353-1762</b>		Zip <b>02904</b>	6. SIC Code <b>3756</b>
5. State of Incorporation <b>RHODE ISLAND</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>RETAIL, WHOLESALE, MANUFACTURING &amp; SALES OF WEARING APPAREL</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>LOUIS GRANDE</b>		Vice President Name <b>DAVID GRANDE</b>	
Street Address <b>2 JASON DRIVE</b>		Street Address <b>115 MANCHESTER FARM ROAD</b>	
City <b>LINCOLN</b>	State <b>RI</b>	City <b>NO. PROV</b>	State <b>RI</b>
Zip <b>02911</b>		Zip <b>02904</b>	
Secretary Name <b>DAVID GRANDE</b>		Treasurer Name <b>LOUIS GRANDE</b>	
Street Address <b>115 MANCHESTER FARM ROAD</b>		Street Address <b>2 JASON DRIVE</b>	
City <b>NO. PROVIDENCE</b>	State <b>RI</b>	City <b>LINCOLN</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02911</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
Par Value		Par Value	
<b>600 SHS COMM NO PAR VALUE</b>	<b>NONE</b>	<b>NONE</b>	<b>NONE</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 9 1 3 \*

File Date: **PAID 003451**  
**FEB 08 2000**  
Check No.:  
By: **SEC'Y OF STATE**  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: **DAVID GRANDE** Date: **1/24/00**  
Print or Type Name of Officer  
**DAVID GRANDE**  
Title of Officer  
**VICE PRESIDENT**



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>8913</b>		2. Name of Corporation <b>SAVON SHOES, INC.</b>	
3. Street Address Principal Business Office <b>2204 MINERAL SPRING AVE</b>		City <b>NO. PROVIDENCE</b>	State <b>RI</b>
4. Business Phone No. <b>401-232-2204</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>3758</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>RETAIL, WHOLESALE, MANUFACTURING &amp; SALES OF WEARING APPAREL</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>LOUIS GRANDE</b>		Vice President Name <b>DAVID GRANDE</b>	
Street Address <b>2 JASON DRIVE</b>		Street Address <b>115 MANCHESTER FARM ROAD</b>	
City <b>LINCOLN,</b>	State <b>RI</b>	City <b>NO. PROVIDENCE,</b>	State <b>RI</b>
Zip <b>02911</b>		Zip <b>02904</b>	
Secretary Name <b>DAVID GRANDE</b>		Treasurer Name <b>LOUIS GRANDE</b>	
Street Address <b>115 MANCHESTER FARM RD</b>		Street Address <b>2 JASON DRIVE</b>	
City <b>NO. PROVIDENCE,</b>	State <b>RI</b>	City <b>LINCOLN,</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02911</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>600 SHS COMM NO PAR VALUE</b>		<b>600 SHARES</b>	
	Par Value		Par Value
			<b>NO PAR VALUE</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Feb 12, 99

Check No.: 2829

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 2/8/99

**DAVID GRANDE**

Print or Type Name of Officer

**VICE PRESIDENT/SECRETARY**

Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

8913

2. Name of Corporation

SAVON SHOES, INC.

3. Street Address Principal Business Office

2204 MINERAL SPRING AVE.

City

NO. PROVIDENCE

State

RI

Zip

02904

4. Business Phone No.

(401) 232-2204

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3758

7. Brief Description of the Character of Business Conducted in Rhode Island

RETAIL, WHOLESALE, MANUFACTURING & SALES OF WEARING APPAREL

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

LOUIS GRANDE

Street Address

2 JASON DRIVE

City

LINCOLN

State

RI

Zip

02911

Secretary Name

DAVID GRANDE

Street Address

115 MANCHESTER FARM RD.

City

NO. PROVIDENCE

State

RI

Zip

02904

Vice President Name

DAVID GRANDE

Street Address

115 MANCHESTER FARM RD.

City

NO. PROVIDENCE

State

RI

Zip

02904

Treasurer Name

LOUIS GRANDE

Street Address

2 JASON DR.

City

LINCOLN

State

RI

Zip

02911

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 SHS COMM NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

600 SHARES

NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 9 1 3 \*

File Date: 2.9.98

Check No.: 6852

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

DAVID GRANDE

Print or Type Name of Officer

VICE PRESIDENT/SECRETARY

Title of Officer





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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

8913

2. Name of Corporation

SAVON SHOES, INC.

3. Street Address Principal Business Office

2204 MINERAL SPRING AVENUE

City

NO. PROVIDENCE

State

RI

Zip

02904

4. Business Phone No.

(401) 232-2204

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3756

7. Brief Description of the Character of Business Conducted in Rhode Island

RETAIL, WHOLESALE, MANUFACTURING & SALES OF WEARING APPAREL

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

LOUIS GRANDE

Vice President Name

DAVID GRANDE

Street Address

2 JASON DRIVE

Street Address

115 MANCHESTER FARM ROAD

City State Zip

LINCOLN, RI 02911

City State Zip

NO. PROVIDENCE, RI 02904

Secretary Name

DAVID GRANDE

Treasurer Name

LOUIS GRANDE

Street Address

115 MANCHESTER FARM ROAD

Street Address

2 JASON DRIVE

City State Zip

NO. PROVIDENCE, RI 02904

City State Zip

LINCOLN RI 02911

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

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

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares Class/Series Par Value

Number of Shares Class/Series Par Value

600 SHS COMM NO PAR VALUE

600 SHARES

NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 9 1 3 \*

File Date: 1/29/97

Check No.: 6168

By: DAVID GRANDE

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

DAVID GRANDE

Print or Type Name of Officer

VICE PRESIDENT/SECRETARY

Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 8913		2. NAME OF CORPORATION SAVON SHOES, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 2204 MINERAL SPRING AVE		CITY NO. PROVIDENCE	STATE RI
4. BUSINESS PHONE NO. (401) 232-2204		5. STATE OF INCORPORATION RHODE ISLAND	6. SIC CODE 3756
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Retail, wholesale, manufacturing & sales of wearing apparel.			

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME LOUIS GRANDE		VICE PRESIDENT NAME DAVID GRANDE	
STREET ADDRESS 2 JASON DRIVE		STREET ADDRESS 115 MANCHESTER FARM ROAD	
CITY LINCOLN	STATE RI	CITY NO. PROVIDENCE	STATE RI
ZIP CODE 02911		ZIP CODE 02904	
SECRETARY NAME DAVID GRANDE		TREASURER NAME LOUIS GRANDE	
STREET ADDRESS 115 MANCHESTER FARM ROAD		STREET ADDRESS 2 JASON DRIVE	
CITY NO. PROV	STATE RI	CITY LINCOLN	STATE RI
ZIP CODE -02904		ZIP CODE 02911	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS COMM NO PAR VALUE			NONE		

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 3/20/96

Check No: 5651

By: 4/ep

For Secretary of State Use Only

Signature of Officer

LOUIS W GRANDE

Print or Type Name of Officer

Pres

Title of Officer

12-19-96  
Date

**ANNUAL REPORT**

Please Type or Print  
File Annually - Jan. 1 - March 1  
Filing Fee \$50.00  
Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0006915 Annual Report for the year: 1995

Name of Corporation: SAVON SHOES, INC.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

2204 MINERAL SPRING AVE  
NO. PROVIDENCE, RI 02904

Phone: ( )

Business Entity is (check one):

☒ Business Corporation (See RIGI Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

RETAIL, WHOLESALE, MANUFACTURING &  
SALES OF WEARING APPAREL

**THE NAMES OF THE OFFICERS ARE:**

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	LOUIS GRANDE	2 JASON DRIVE	LINCOLN, RI	02911
VICE PRESIDENT	DAVID GRANDE	115 MANCHESTER FARM ROAD, NO.	PROVIDENCE, RI	02904
SECRETARY	DAVID GRANDE	115 MANCHESTER FARM ROAD, NO.	PROV., RI	02904
TREASURER	LOUIS GRANDE	2 JASON DRIVE	LINCOLN, RI	02911

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares Class / Series

600 SHARES COMMON- NO PAR VALUE

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series

Date FEBRUARY, 19 95

By:   
LOUIS GRANDE

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING  
PRESIDENT

Form 31 1/95

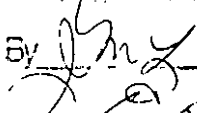
**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

LOUIS W. GRANDE, JR., ESQ.  
160 PLAINFIELD STREET  
PROVIDENCE RI 02903

**FILED**

FEB 14 1995

By:   
5156

State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Number  
LLC: Sept. 1 - No.  
CORP. Jan. 1 - M:

Corporate ID: 0008913

Annual Report for the year: 1994

Name of Business Entity: SAVON SHOES, INC.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

2204 MINERAL SPRING AVE

NORTH PROVIDENCE, RI

Phone: (401) 232-2204

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5)☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

ATTORNEY LOUIS W. GRANDE

160 PLAINFIELD STREET

PROVIDENCE, RI 02909

Brief statement of the character of business conducted in Rhode Island

Retail, wholesale, manufacturing &amp; sales of wearing apparel.

Date of Organization: 4/12/84

Date of Qualification to do business in Rhode Island (if foreign entity):

## THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One)

LOUIS GRANDE 2 JASON DRIVE, LINCOLN, RI 02911

☐ CHIEF OPERATING OFFICER OR ☒ VICE PRESIDENT (Check One)

DAVID GRANDE 115 MANCHESTER FARM ROAD NO. PROVIDENCE, RI 02904

☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One)

DAVID GRANDE 115 MANCHESTER FARM ROAD NO. PROVIDENCE, RI 02904

☐ CHIEF FINANCIAL OFFICER OR ☐ TREASURER (Check One)

LOUIS GRANDE 2 JASON DRIVE, LINCOLN, RI 02911

## THE NAMES OF THE DIRECTORS ARE:

NAME: STREET ADDRESS CITY/STATE ZIP C

NAME: STREET ADDRESS CITY/STATE ZIP C

NAME: STREET ADDRESS CITY/STATE ZIP C

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 600

CLASS COMMON

SERIES

PAR VALUE OR NO PAR VALUE  
WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER

CLASS

SERIES

PAR VALUE OR  
WITHOUT PAR

Date 3-8-94

FILED

MAR 28 1994

By: [Signature]

By: [Signature]

LOUIS GRANDE

PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT

TITLE OF OFFICER SIGNING

Form 31 1/94

## DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

ATTORNEY LOUIS W. GRANDE, JR.  
160 PLAINFIELD STREET  
PROVIDENCE, RI 02909

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

441 115  
**State of Rhode Island and Providence Plantations**

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0008815 Annual Report for the year 1993

FIRST: The name of the corporation is SAVON SHOES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is retail, wholesale, manufacturing and  
sales of wearing apparel.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Louis Grande President 16 Durham St., Providence, RI

David A. Grande Vice President 115 Manchester Farm Road, N. Prov., RI

David A. Grande Secretary

Louis Grande Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

COMMON

WITHOUT PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

COMMON

WITHOUT PAR VALUE

Dated January 23 19 93

SAVON SHOES, INC.

(Name of Corporation)

By [Signature]

Title

President

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0008213 Annual Report for the year 1992

FIRST: The name of the corporation is SAVON SHOES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is retail, wholesale, manufacturing and sales of wearing apparel.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 2204 Mineral Spring Avenue,  
North Providence, RI 02911

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Louis Grande

President

16 Durham St., Providence, RI

David Grande

Vice President

115 Manchester Farm Rd., North Prov., RI

David Grande

Secretary

115 Manchester Farm Rd., North Prov., RI

Louis Grande

Treasurer

16 Durham St., Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

COMMON

WITHOUT PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

COMMON

WITHOUT PAR VALUE

RECEIVED  
FEB 25 1992  
DIT 36  
3801

By Louis Grande

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

SS

Corporate ID 0008913 Annual Report for the year 1991

FIRST: The name of the corporation is SAVON SHOES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is retail, wholesale, manufacturing and sales of wearing apparel.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 2204 Mineral Spring Ave.  
NORTH PROVIDENCE, R.I. 02911

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Louis Grande	President	16 Durham St., Providence, RI
Louis Grande, Jr.	Vice President	" "
Louis Grande	Secretary	" "
Louis Grande	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	COMMON		WITHOUT PAR VALUE

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	COMMON		WITHOUT PAR VALUE

FEB 21 1991  
SECY OF STATE

Dated February 26<sup>th</sup> 19 91

(Report must be signed by an officer)

SAVON SHOES, INC.  
(Name of Corporation)  
By Louis W. Grande Jr.  
Vice President

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

AT

Corporate ID 0008813 Annual Report for the year 1990

FIRST: The name of the corporation is SAVON SHOES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is retail, wholesale, manufacturing and sales of wearing apparel.

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island

1918 Smith Street, North Providence, RI 02911

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Louis Grande	President	16 Durham St., Providence, RI
Louis Grande, Jr.	Vice President	" "
Louis Grande	Secretary	" "
Louis Grande	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		Without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		Without par value

PAID

FEB 28 1990

SECY. OF STATE

Dated January 18, 1990

SAVON SHOES, INC.

(Name of Corporation)

By

Louis W Grande

Title

PRESIDENT

(Report must be signed by an officer)



Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903



Corporate ID 0008813 Annual Report for the year 1989

FIRST: The name of the corporation is SAVON SHOES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is retail, wholesale, manufacture and sales  
or wearing apparel.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

1918 Smith Street, North Providence, RI 02911

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>Louis Grande</u>	<u>President</u>	<u>16 Durham Street, Providence, RI</u>
<u>Louis Grande, Jr.</u>	<u>Vice President</u>	<u>" "</u>
<u>Louis Grande</u>	<u>Secretary</u>	<u>" "</u>
<u>Louis Grande</u>	<u>Treasurer</u>	<u>" "</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>Common</u>		<u>Without par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>Common</u>		<u>Without par value</u>

RECEIVED  
FEB 2 1989  
PAID  
SECY OF STATE

Dated February 3, 19 89

SAVON SHOES, INC.

(Name of Corporation)

By Louis W. Grande

Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 8913 Annual Report for the year 1988

FIRST: The name of the corporation is SAVON SHOES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is retail, wholesale, manufacture and sales of wearing apparel.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1918 Smith Street, North Prov., RI 02911

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Louis Grande President 16 Durham Street, Providence, RI

Louis Grande, Jr. Vice President " "

Louis Grande Secretary " "

Louis Grande Treasurer " "

SEVENTH: Number of Shares authorized:

Par Value  
or statement that  
shares are without  
par value

No. of Shares

Class

Series

600

Common

Without par value

EIGHTH: Number of Shares issued:

Par Value  
or statement that  
shares are without  
par value

No. of Shares

Class

Series

600

Common

Without par value

Dated January 20 19 88

SAVON SHOES, INC.

(Name of Corporation)

By

Title

PRESIDENT

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....8913..... Annual Report for the year.....1987.....

FIRST: The name of the corporation is.....SAVON SHOES, INC.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....retail, wholesale, manufacture and sales of.....  
.....wearing apparel.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1918 Smith Street, North Prov., Rhode Island 02911.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
LOUIS GRANDE	President	16 Durham Street, Providence, Rhode Island
LOUIS GRANDE, JR.	Vice President	" "
LOUIS GRANDE	Secretary	" "
LOUIS GRANDE	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class
600	Common

Series

PAID

JAN 22 1987

Par Value  
or statement that  
shares are without  
par value

Without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
600	Common

Series

REC'D. OF STATE

Par Value  
or statement that  
shares are without  
par value

Without par value

Dated February 1, 1987

SAVON SHOES, INC.

(Name of Corporation)

By

PRESIDENT

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 8913 Annual Report for the year 1986

FIRST: The name of the corporation is SAVON SHOES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is retail, wholesale, manufacture and sales  
of wearing apparel

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island  
1918 Smith Street, North Providence, Rhode Island 02911

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
LOUIS GRANDE	President	16 Durham Street, Providence, RI
LOUIS GRANDE, JR.	Vice President	" "
LOUIS GRANDE	Secretary	" "
LOUIS GRANDE	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class
600	Common

Series VR  
MAR 15 1986  
Without par value

Par Value  
or statement that  
shares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
600	Common

Series  
Without par value

Par Value  
or statement that  
shares are without  
par value

Dated February 1, 19 86

(Report must be signed by an officer)

02/26/86 PAID  
0102A010  
By J. W. Grande  
Title PRESIDENT  
SAVON SHOES, INC.  
(Name of Corporation)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 8913

Annual Report for the year 1985

FIRST: The name of the corporation is SAVON SHOES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is retail, wholesale manufacture and sales of wearing apparel

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

1918 Smith Street, North Providence, Rhode Island 02911

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

LOUIS GRANDE President

16 Durham Street, Providence, R.I.

LOUIS GRANDE, JR. Vice President

"

"

LOUIS GRANDE Secretary

"

"

LOUIS GRANDE Treasurer

"

"

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

Common

Without par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

Common

Without par value

Dated February 1, 1985

03/06/85 PAID 0573A001

SAVON SHOES, INC.  
(Name of Corporation)

By

*Louis W. Grande*

Title PRESIDENT

(Report must be signed by an officer)