



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:  
Corporation2019

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→ 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<br><b>000105160</b>  |                 | 2. Exact name of the Corporation<br><b>Savoie Enterprises, Inc.</b>  |   |                         |                     |
| 3. Principal Office Address<br><b>Beacon Hill Road</b>   |                 |  | City<br><b>Block Island</b>                       | State<br><b>RI</b>      | Zip<br><b>02807</b> |
| 4. NAICS Code<br><b>238310</b>   |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>Plastering and related services.</b> |   |                         |                     |
| 5. State of Incorporation<br><b>RI</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>John T. Savoie</b>   |                 |  | Vice-President Name <b>Abra Savoie</b>            |                         |                     |
| Street Address <b>PO Box 86, Beacon Hill Road</b>  |                 |  | Street Address <b>PO Box 86, Beacon Hill Road</b> |                         |                     |
| City <b>Block Island</b>   | State <b>RI</b> | Zip <b>02807</b>   | City <b>Block Island</b>                          | State <b>RI</b>         | Zip <b>02807</b>    |
| Secretary Name <b>Abra Savoie</b>  |                 |  | Treasurer Name                                    |                         |                     |
| Street Address <b>PO Box 86</b>  |                 |  | Street Address                                    |                         |                     |
| City <b>Block Island</b>   | State <b>RI</b> | Zip  | City  | State                   | Zip                 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |  |   |                         |                     |
| Director Name <b>John T. Savoie</b>  |                 |  | Director Name                                     |                         |                     |
| Street Address <b>PO Box 86, Beacon Hill Road</b>  |                 |  | Street Address                                    |                         |                     |
| City <b>Block Island</b>   | State <b>RI</b> | Zip <b>02807</b>   | City  | State                   | Zip                 |
| Director Name  |                 |  | Director Name                                     |                         |                     |
| Street Address   |                 |  | Street Address                                    |                         |                     |
| City   | State           | Zip  | City  | State                   | Zip                 |
| 9. Shares Authorized   |                 | 10. Shares Issued <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.<br><br>Changes require an additional filing.   |                 | NUMBER OF SHARES   |   | CLASS/SERIES            | PAR VALUE           |
|  |                 | 100  |   |                         | No 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.<br><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<br><b>Elliot Taubman, Esq.</b>   |                 |  |   | Date<br><b>9/9/2019</b> |                     |
| Signature of Authorized Representative<br><i>Elliot Taubman</i>  |                 |  |   |                         |                     |

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