RI SOS Filing Number: 201919484710 Date: 9/13/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Annual Report for the year:

572. 1

Co	rpoi	ratio	n

- → Filing period: January 1 March 1 → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by April 1.

4.5 15.11	10.00								
Entity ID Number		2 Exact name of the Corporation							
000105160	Savoie E	interprises, Ir	IC.						
3. Principal Office Address	<del> </del>		City		State	Zip			
Beacon Hill Road			Block Island	d	RI	02807			
4. NAICS Code	6 Brief descr	intion of the charac	eter of business co	anducted in E	Phodo Island				
238310	Plastering	Brief description of the character of business conducted in Rhode Island     Plastering and related services.							
		Transcering and related Services.							
State of Incorporation									
RI						:			
7. List ALL officers (names and a	addresses)				Check the box to indic	ate an attachment			
President Name John T. Savoie			Vice-President Name Abra Savoie						
Street Address PO Box 86, Beacon Hill Road			Street Address PO Box 86, Beacon Hill Road						
FO Box 86, Beacon Hill Road			Officer Address PO Box 86, Beacon Hill Road						
City Block Island	State RI	Zip 02807	City Block Is	land	State RI	Zip 02807			
Secretary Name Abra Savoie			Treasurer Name						
Street Address PO Box 86			Street Address						
City Block Island	State RI	Zıp	City		State	Zip			
8 List ALL directors (names and	l addresses)	<del> </del>	<del></del>		Check the box to indic	ate an attachment D			
Director Name John T. Savoie			Director Name		•	ote on anadamient			
Street Address PO Box 86, Beacon Hill Road			Street Address						
City Block Island	State RI	Zip 02807	City		State	Zip			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zıp	City		State	Zip			
,	0.0.0	12.0	J,		State	i Zip			
9. Shares Authorized 10. Shares Iss			ued Check the box to indicate an attachment						
This information is currently of re	cord in the		NUMBER OF SHARES		CLASS/SERIES PAR VALUE				
Department of State.		100		-	ı	No par value			
Changes require an additional filing.									
	·· <b>·</b>								
11. This report must be executed	d on behalf of the	corporation by an a	authorized represe	entative If th	e corporation is in the l	nands of a receiver or			
trustee, this report must be exec	cuted on behalf of	the corporation by	the receiver or tru	iste <del>e</del>		i			
Under penalty of perjury, I dec	lare and affirm t	hat I have examin	ed this report, in	cluding any	accompanying sche	dules and			
statements, and that all statements		<u>herein are true an</u>	d correct.		In.				
Name of Authorized Representative Elliot Taubman, Esq.					Date 9/9/2019				
=		42	ILED		3/3/2013				
Signature of Authorized Represe	entative				<u> </u>				
Stert Teubran	·	<u>\$</u> E	P 1 3 2019	1					
		7	77/ 1						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

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FORM 630 - Revised: 10/2017