



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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SECRETARY OF STATE
CORPORATIONS DIV

2019 NOV 14 PM 1:44

1. Entity ID Number <u>131322</u>		2. Exact name of the Corporation <u>INIVAS, INC.</u>			
3. Principal Office Address <u>42 Cherry St</u>			City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>
4. NAICS Code <u>722511</u>		6. Brief description of the character of business conducted in Rhode Island <u>the operation of a restaurant</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Roger Savini</u>			Vice-President Name <u>Micheline Savini</u>		
Street Address <u>233 Knollridge Dr.</u>			Street Address <u>233 Knollridge Dr.</u>		
City <u>N. Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>	City <u>N. Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>
Secretary Name <u>Julie Moylan</u>			Treasurer Name <u>Gina Savini</u>		
Street Address <u>118 Woodland Rd</u>			Street Address <u>233 Knollridge Dr.</u>		
City <u>Woonsocket</u>	State <u>RI</u>	Zip <u>02895</u>	City <u>N. Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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			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		
			<u>200 # of shares</u>		
			<u>- 0</u>		
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 <u>Julie A. Moylan</u>					Date <u>11/14/19</u>
Signature of Authorized Representative <u>[Signature]</u>					SIGN DOCUMENT HERE

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

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FORM 630 - Revised: 02/2017