



Department of State - Business Services Division

FILED

FEB 24 2020

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Annual Report for the year: **2020**
Corporation

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

BY 5849

1. Entity ID Number 000008913		2. Exact name of the Corporation Savon Shoes, Inc.			
3. Principal Office Address 1720 Mineral Spring Avenue		City North Providence		State RI	Zip 02904
4. NAICS Code 541410		6. Brief description of the character of business conducted in Rhode Island RETAIL, WHOLESALE, MANUFACTURING AND SALES OF WEARING APPAREL			
5. State of Incorporation ri					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Louis Grande Sr.			Vice-President Name Phyllis Grande		
Street Address 107 B Overlook Circle			Street Address 107 B Overlook Circle		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Phyllis Grande			Treasurer Name Louis Grande Sr.		
Street Address 107 B Overlook Circle			Street Address 107 B Overlook Circle		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
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
			600		CNP
					PAY VALUE
					None
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 <i>[Signature]</i>				Date 2/17/2020	
Signature of Authorized Representative <i>[Signature]</i>					