RI SOS Filing Number: 202035431790 Date: 2/24/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

FILED

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Annual Report for the year: 2020 Corporation

FEB 2 4 2020

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

5849

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.					<b>B</b> Y		
1. Entity ID Number 000008913		2. Exact name of the Corporation Savon Shoes, Inc.					
3. Principal Office Address	Javoii 3						
1720 Mineral Spring Avenue		City North Providence		State	Zip		
				RI	02904		
4. NAICS Code		Brief description of the character of business conducted in Rhode Island					
541410	RETAIL, W	RETAIL, WHOLESALE, MANUFACTURING AND SALES OF WEARING APPAREL					
5. State of Incorporation							
ri							
7. List ALL officers (names and	d addresses)	<u> </u>		Char	ck the box to i	ndicate on attachment	
President Name Louis Grande	Check the box to indicate an attachment  Vice-President Name Phyllis Grande						
Charl Add	<del></del>			Phyllis Gra	inae 		
Street Address 107 B Overlook	Street Address 107 B Overlook Circle						
City Lincoln	State RI	<sup>Z<sub>1</sub>p</sup> 02865	City Lincoln		State RI	<sup>Zip</sup> 02865	
Secretary Name Phyllis Grande			Treasurer Name Louis Grande Sr.				
Street Address 107 B Overlook Circle			Street Address 107 B Overlook Circle				
Cily North Providence	State RI	Zip 02904	<del></del>	Providence	State RI	~ Zip 02904 *	
8. List ALL directors (names a	nd addresses)			Che	ck the box to i	ndicate an attachment	
Director Name			Director Nan				
Street Address			Street Address				
			Silver Addre	33			
City	State	Zıp	City		State	Zip	
Director Name			Director Name				
Street Address		<u> </u>	Street Addre	SS	<u> </u>		
City	State	Zip	City		State	Ta'.	
,	Olbic	Lip	City		State	Zip	
9. Shares Authorized		10. Shares Iss	10. Shares Issued		Check the box to indicate an attachment		
This Information is currently of record in the Department of State. Changes require an additional filing.		NUMBER O	F SHARES	CLASSISERIES PAR VALUE			
		600		CNP		None	
			<del></del>				
11. This report must be execut	ed on hehalf of the	Corporation by an	authorized repri	eantalise If the cor	noration is in	the hands of a consistence of	
<u>trustee, this report must be ex</u>	ecuted on behalf o	f the corporation by	the receiver or	trustee			
Under penalty of perjury, I de	eclare and affirm	that I have examin	ed this report,	Including any acco	ompanying s	chedules and	
statements, and that all state Name of Authorized Represen	ements contained	<u>1 herein are true ar</u>	id correct.	<u> </u>	Date		
Yes W.			Date	17 7070			
Signature of Authorized Repre	sentative \	イン	<del>.</del>				
_ \ Jour	<u>. C </u>			·			
MAIL TO:		<del></del>					

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov