



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

FEB 24 2020 *KM*

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 <b>000008913</b>		2. Exact name of the Corporation <b>Savon Shoes, Inc.</b>			
3. Principal Office Address <b>1720 Mineral Spring Avenue</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>541410</b>		6. Brief description of the character of business conducted in Rhode Island <b>RETAIL, WHOLESALE, MANUFACTURING AND SALES OF WEARING APPAREL</b>			
5. State of Incorporation <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>Louis Grande Sr.</b>			Vice-President Name <b>Phyllis Grande</b>		
Street Address <b>107 B Overlook Circle</b>			Street Address <b>107 B Overlook Circle</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
Secretary Name <b>Phyllis Grande</b>			Treasurer Name <b>Louis Grande Sr.</b>		
Street Address <b>107 B Overlook Circle</b>			Street Address <b>107 B Overlook Circle</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			600		CNP
					PAR 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. <i>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.</i>					
Name of Authorized Representative <i>[Signature]</i>				Date <b>2/17/2020</b>	
Signature of Authorized Representative <i>[Signature]</i>					

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