	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2020		
1. ID No. <u>00165756</u>	7		
2. Exact Name of the Limited Liability Company <u>SAVI HOMES, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
0	Code that best describes the primary e information on <u>NAICS</u> can be found	•	the entity. Download
<u>531390</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducte	d in Rhode Island
REAL ESTATE INVES	<u>FING</u>		
5. Principal Office Addre	SS		
No. and Street:692 WARREN AVENUECity or Town:EAST PROVIDENCEState: RIZip: 02914Country: USA			
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Pe	erson:
Contact Name: Contact			
	<u>O BOX 257</u> /ARREN State: <u>RI</u>	Zip: <u>02885</u> C	ountry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBE	Each Manager of the Limited Liab RS		
Title	Individual Name	Addr	ess
	First, Middle, Last, Suffix	Address, City or Town, S	tate, Zip Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MICHAEL C. LIMA, ESQ. 692 WARREN AVENUE EAST PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of September, 2020 at 11:39:01 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By ANTHONY SAVIANO

Signature of Authorized Person

Form No. 632 Revised 09/07

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