RI SOS Filing Number: 202191910650 Date: 2/16/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

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

FILED
FEB 16 2021
BY 6412

STAMP

1. Entity ID Number	2. Exact name of the Corporation		
000008913	Savon Shoes, Inc.		
3. Principal Office Address	City	State	Zip
1720 Mineral Spring Avenue	North Providence	RI	02904
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541410	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 ☐

President Name: Louis Grande Sr.			Vice-President Name: Phyllis Grande		
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
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 ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	600	CNP	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	Date
Louis Grande Sr.	2/2/2021
Signature of Authorized Representative	

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

FORM 630 - Revised: 08/2020