



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2021**  
**Corporation**

**FILED STAMP**

MAY 13 2021

*[Handwritten initials]*

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

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1. Entity ID Number <b>000105160</b>		2. Exact name of the Corporation <b>Savoie Enterprises Inc.</b>			
3. Principal Office Address PO Box 86 Beacon Hill Road			City Block Island	State RI	Zip 02807
4. NAICS Code 238310		6. Brief description of the character of business conducted in Rhode Island Plastering, related services and all other lawful uses.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name John T. Savoie			Vice-President Name Abra Savoie		
Street Address PO Box 86			Street Address PO Box 86		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Abra Savoie			Treasurer Name John T. Savoie		
Street Address PO Box 86			Street Address PO Box 86		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name John T. Savoie			Director Name		
Street Address PO Box 86			Street Address		
City Block	State RI	Zip 02807	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	PAR VALUE
		100		A	No par value
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 Elliot Taubman Esq.				Date 5/9/2021	
Signature of Authorized Representative <i>Elliot Taubman</i>					