



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2023**  
Corporation

- Filing period: February 1 - May 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

STAMP

APR 05 2023

BY

1853  
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1. Entity ID Number 000008913		2. Exact name of the Corporation Savon Shoes, Inc.	
3. Principal Office Address 1720 Mineral Spring Avenue		City North Providence	State RI
		Zip 02904	
4. NAICS Code 541410	6. Brief description of the character of business conducted in Rhode Island Retail, Wholesale, Manufacturing and Sales of Wearing Apparel		
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 Phyllis Grande		Vice-President Name Phyllis Grande	
Street Address 107 B Overlook Circle		Street Address 107 B Overlook Circle	
City North Providence	State RI	City North Providence	State RI
Zip 02904		Zip 02904	
Secretary Name Phyllis Grande		Treasurer Name Phyllis Grande	
Street Address 107 B Overlook Circle		Street Address 104 B Overlook Circle	
City North Providence	State RI	City North Providence	State RI
Zip 02904		Zip 02904	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Phyllis Grande		Director Name	
Street Address 107 B Overlook Circle		Street Address	
City North Providence	State RI	City	State
Zip 02904		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		600.00	CNP
			0
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 Phyllis A. Grande		Date 3/29/2023	
Signature of Authorized Representative Phyllis A. Grande			