



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 7853 DS

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) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02904	City North Providence	State RI	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	Zip 02904	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Phyllis Grande			Director Name		
Street Address 107 B Overlook Circle			Street Address		
City North Providence	State RI	Zip 02904	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	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 <u>Phyllis A. Grande</u>				Date <u>3/29/2023</u>	
Signature of Authorized Representative <u>Phyllis A. Grande</u>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov