



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation _____

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

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1. Entity ID Number 000117847		2. Exact name of the Corporation Savory Crossing Realty, Inc.			
3. Principal Office Address 21 Vernon Street		City Oxford	State MA	Zip 01540	
4. NAICS Code 531390	6. Brief description of the character of business conducted in Rhode Island Purchase, rent and sell real estate				
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Judith F. Pytko			Vice-President Name		
Street Address 21 Vernon Street			Street Address		
City Oxford	State MA	Zip 01540	City	State	Zip
Secretary Name Judith F. Pytko			Treasurer Name Judith F. Pytko		
Street Address 21 Vernon Street			Street Address 21 Vernon Street		
City Oxford	State MA	Zip 01540	City Oxford	State MA	Zip 01540
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Judith F. Pytko			Director Name		
Street Address 21 Vernon Street			Street Address		
City Oxford	State MA	Zip 01540	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued		Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	CNP	\$0.00	
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 Judith F. Pytko				Date 3/6/2024	
Signature of Authorized Representative <i>Judith F. Pytko</i>					

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

FILED
MAR 12 2024
BY HGOBY **A.A. 11:40 AM**
FORM 630- Revised: 12/2023