RI SOS Filing Number: 202572937540 Date: 5/9/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

STAMP

Annual Report for the year: 2025
Corporation

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

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: Davis Grande			Vice-President Name: David Grande		
Street Address: 1720 Mineral Spring Avenue			Street Address: 1720 Mineral Sprig Avenue		
City: North Providence	State: RI	Zip: 02904	City: North Providence	State: RI	Zip: 02904
Secretary Name: David Grande			Treasurer Name: David Grande		
Street Address: 1720 Mineral Spring Avenue			Street Address: 1720 Mineral Spring Avenue		
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: David Grande			Director Name:		
Street Address: 1720 Minral Spring Avenue			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:

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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.	600.00	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	Date
David Grande	4/28/2025
Signature of Authorized Representative	

FILED
MAY 09 2025
BY 9023 AM

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 12/2023