



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
(401) 222-3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 6682		2. Name of Corporation S.A.Z., INC.	
3. Street Address Principal Business Office 949 WILLETT AVENUE		City RIVERSIDE	State RI
		Zip 02915	
4. Business Phone No. 433-3308		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island RESTAURANT			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name SOCRATES ZAFIRIADES		Vice President Name SOCRATES ZAFIRIADES, JR.	
Street Address 17 CRESCENT VIEW AVENUE		Street Address 75 ROUNDS AVENUE	
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE
			State RI
			Zip 02915
Secretary Name STERGIANI PAPADOUPOULOU		Treasurer Name SOCRATES ZAFIRIADES	
Street Address		Street Address 17 CRESCENT VIEW AVENUE	
City	State	Zip	City RIVERSIDE
			State RI
			Zip 02915
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name SOCRATES ZAFIRIADES		Director Name None	
Street Address 17 CRESCENT VIEW AVENUE		Street Address	
City RIVERSIDE	State RI	Zip 02915	City
			State
			Zip
Director Name None		Director Name None	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES -- THIS SECTION MUST BE COMPLETED	
		Number of Shares 100	Class/Series Common
		Par Value No Par Value	

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.

<b>FILED</b>	3
File Date	MAR 17 2011
Check No.	675
BY	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature: *Socrates Zafiriades* Date: 15-3-11  
 SOCRATES ZAFIRIADES  
 Print or Type Name  
 President  
 Title