



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 158556		2. Exact name of the Corporation AGZ Enterprises, Inc.			
3. Principal office address 39 Putnam Avenue, Unit C & D			City Johnston	State RI	Zip 02914
4. Business Phone No. (401) 353-8008 401-233-0007			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE FOOD AND BEVERAGE SERVICE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Aimee C. Zwolinski			Vice-President Name Gregory A Zwolinski, Jr.		
Street Address 38 Willow Road			Street Address 170 Pidge Avenue		
City Greenville	State RI	Zip 02828	City Pawtucket	State RI	Zip 02860
Secretary Name Aimee C. Zwolinski			Treasurer Name Gregory A Zwolinski, Jr.		
Street Address 38 Willow Road			Street Address 170 Pidge Avenue		
City Greenville	State RI	Zip 02828	City Pawtucket	State RI	Zip 02860
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Aimee C. Zwolinski			Director Name		
Street Address 38 Willow Road			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
Director Name			Director Name		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2,000	Common	\$0.01

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.

File Date _____

Check No _____

By: _____

FILED
MAR 05 2012

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.

Aimee C. Zwolinski, Pres. 2/16/12
 Signature of Authorized Representative Date

Aimee C. Zwolinski - President

Print or Type Name of Authorized Representative

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