



**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 2014**

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.

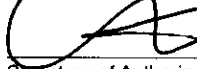
1. Entity ID No. <b>139400</b>		2. Exact name of the Corporation MZFINANCIAL, INC.			
3. Principal office address 730 Warwick Avenue			City Warwick	State RI	Zip 02888
4. Business Phone No. 639-6476		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island operate an insurance company					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name Michael J. Zuller			Vice-President Name none		
Street Address 121 Fairfax Drive			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name Michael J. Zuller			Treasurer Name Michael J. Zuller		
Street Address 121 Fairfax Drive			Street Address 121 Fairfax Drive		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name none			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>					
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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.					

*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 \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**  
**JAN 22 2014**

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 of Authorized Representative  
 Michael J. Zuller President  
 Date 1/16/14  
 Print or Type Name of Authorized Representative

BY 1765