



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 2016

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. 6682		2. Exact name of the Corporation S.A.Z., INC.			
3. Principal office address 949 WILLETT AVENUE			City RIVERSIDE	State RI	Zip 02915
4. Business Phone No. (401) 433-0300			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island RESTAURANT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name SOCRATES ZAFIRIADES			Vice-President Name NONE		
Street Address 38 STAR AVENUE			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
Secretary Name STERGIANI PAPADOPOULOU			Treasurer Name SOCRATES ZAFIRIADES		
Street Address 75 ROUNDS AVENUE			Street Address 38 STAR AVENUE		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name SOCRATES ZAFIRIADES			Director Name NONE		
Street Address 38 STAR 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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 25 2016

227 KL 4212

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.

Socrates Zafiriades 01-18-16
 Signature of Authorized Representative Date

SOCRATES ZAFIRIADES, PRESIDENT

Print or Type Name of Authorized Representative