



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

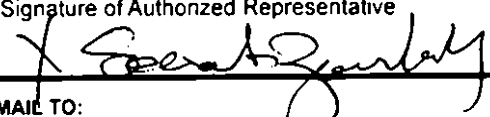
Annual Report for the year: **2019**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

S.I.P.
FEB 19 2019

BY 5788
jaol

1. Entity ID Number 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. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island RESTAURANT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name SOCRATES ZAFIRIADES			Vice-President Name SOCRATES ZAFIRIADES, JR.		
Street Address 1015 WILLETT AVENUE			Street Address 1015 WILLETT AVENUE		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
Secretary Name ELENI ZIAKA			Treasurer Name SOCRATES ZAFIRIADES		
Street Address 1015 WILLETT AVENUE			Street Address 1015 WILLETT AVENUE		
City RIVERSIDE	State RI	Zip 02915	City RIVERSIDE	State RI	Zip 02915
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name SOCRATES ZAFIRIADES			Director Name NONE		
Street Address 1015 WILLETT 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 Check the box to indicate an attachment ☐					
10. Shares Issued Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		COMMON
					PAR VALUE
					NO PAR VALUE
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 SOCRATES ZAFIRIADES, PRESIDENT					Date
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov