RI SOS Filing Number: 202032981180 Date: 1/21/2020 4:00:00 PM

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

FILED
JAN 21 2020
BY 63840

Annual Report for the year: 2020
Corporation

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

1. Entity ID Number	2. Exact name of the Corporation			
6682	S.A.Z., INC.			
3. Principal Office Address		City	State	Zip
949 Willett Avenue		Riverside	RI	02915
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722511	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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	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	Date
Socrates Zafiriades	

Signature of Authorized Representative: X [signature] 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.ri.gov

FORM 630 - Revised: 10/2017