



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

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.

FILED

FEB 24 2020

31230

1. Entity ID Number 158556		2. Exact name of the Corporation AGZ ENTERPRISES, INC.			
3. Principal Office Address 39 PUTNAM PIKE, UNIT C&D			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 722310		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE FOOD AND BEVERAGE SERVICE.			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name AIMEE ROBAR			Vice-President Name GREGORY A. ZWOLINSKI, JR.		
Street Address 71 OAKLAND ROAD			Street Address 6 FAIR OAKS COURT, SOUTH		
City W. KINGSTOWN	State RI	Zip 02892	City GREENVILLE	State RI	Zip 02828
Secretary Name AIMEE ROBAR			Treasurer Name GREGORY A. ZWOLINSKI, JR.		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 AIMEE ROBAR, PRESIDENT					Date 01/22/20
Signature of Authorized Representative <i>Aimee Robar, President</i>					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