



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP
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 R.I. DEPT. OF STATE
 BUS SVCS DIV
FOR SECRETARY OF STATE USE ONLY

2023 APR 05 10:01

1. Entity ID Number 121353		2. Exact name of the Corporation Shur-Az, Inc.				
3. Principal Office Address 871 High Street			City Central Falls	State RI	Zip 02863	
4. NAICS Code 423850		6. Brief description of the character of business conducted in Rhode Island The purchase and resale of janitorial supplies and any other lawful business.				
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 Thomas R. Kennedy			Vice-President Name Thomas R. Kennedy			
Street Address 871 High Street			Street Address 871 High Street			
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863	
Secretary Name Thomas R. Kennedy			Treasurer Name Thomas R. Kennedy			
Street Address 871 High Street			Street Address 871 High Street			
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <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	
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		PAR VALUE	
			110		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 Thomas R. Kennedy					Date 2/3/23	
Signature of Authorized Representative <i>Thomas R. Kennedy</i>					FILED	

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

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