



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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2023 JUL 19 P 4:24

1. Entity ID Number 000006682		2. Exact name of the Corporation S.A.Z., INC.			
3. Principal Office Address 2377 Pawtucket Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 522220		6. Brief description of the character of business conducted in Rhode Island Holder of Promissory Note from Sale of Restaurant Assets, including Liquor Licence			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Socrates Zafiriades			Vice-President Name None		
Street Address 1015 Willett Avenue			Street Address		
City Riverside	State RI	Zip 02915	City	State	Zip
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	Common	\$0.0000
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. <b>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.</b>					
Name of Authorized Representative Daniel S. Kaplan				Date 7/18/2023	
Signature of Authorized Representative 				FILED 424 JUL 19 2023 BY 10881	

MAIL TO:  
 Division of Business Services  
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 Website: www.sos.ri.gov