



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
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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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|
| 1. Entity ID Number<br><b>505955</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                    | 2. Exact name of the Corporation<br><b>RZG, INC.</b>                                             |                                                                                                                       |                    |                        |
| 3. Principal Office Address<br><b>772 Main St.</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                    | City<br><b>Pawtucket</b>                                                                         |                                                                                                                       | State<br><b>RI</b> | Zip<br><b>02860</b>    |
| 4. NAICS Code<br><b>441120</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Auto Sales</b> |                                                                                                                       |                    |                        |
| 5. State of Incorporation<br><b>RI</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                    |                                                                                                  |                                                                                                                       |                    |                        |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                  |                                                                                                                       |                    |                        |
| President Name<br><b>Roberto Garcia Jr.</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                                                                                                  | Vice-President Name                                                                                                   |                    |                        |
| Street Address<br><b>600 Hilton St.</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |                                                                                                  | Street Address                                                                                                        |                    |                        |
| City<br><b>Pawtucket</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         | State<br><b>RI</b> | Zip<br><b>02860</b>                                                                              | City                                                                                                                  | State              | Zip                    |
| Secretary Name                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                  | Treasurer Name                                                                                                        |                    |                        |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                    |                                                                                                  | Street Address                                                                                                        |                    |                        |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State              | Zip                                                                                              | City                                                                                                                  | State              | Zip                    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                  |                                                                                                                       |                    |                        |
| 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<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                             |                    |                                                                                                  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                  | NUMBER OF SHARES CLASS/SERIES PAR VALUE                                                                               |                    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                  | <b>Ø</b> <b>\$10</b>                                                                                                  |                    |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                  |                                                                                                                       |                    |                        |
| 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.<br><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<br><b>Roberto Garcia</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                    |                                                                                                  |                                                                                                                       |                    | Date<br><b>3/20/25</b> |
| Signature of Authorized Representative<br><i>Roberto Garcia</i>                                                                                                                                                                                                                                                                                                                                                                                                  |                    |                                                                                                  |                                                                                                                       |                    |                        |

MAIL TO:  
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