State of Rhode Island

Department of State - Business Services Division

FILED
JUL 14 2025
BY

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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.

1. Entity ID Number	2. Exact name of the Corporation			
000158556	AGZ Enterprises, Inc.			
3. Principal Office Address		City	State	Zip
39 Putnam Pike, Unit C&D		Johnston	RI	02919
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722310	To engage in food and beverage service.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name Aimee Zwolinski			Vice-President Name Gregory A. Zwolinski, Jr.		
Street Address 260 Pound Hill Road			Street Address 6 Fair Oaks Court, South		
City North Smithfield	State RI	Zip 02896	City Greenville	State RI	Zip 02828
Secretary Name Aimee Zwolinski			Treasurer Name Gregory A. Zwolinski, Jr.		
Street Address 260 Pound Hill Road			Street Address 6 Fair Oaks Court, South		
City North Smithfield	State RI	Zip 02896	City Greenville	State RI	Zip 02828

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

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
2000	Common	$0.01

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
Aimee Zwolinski, President	07/01/25

Signature of Authorized Representative: Aimee Zwolinski, President

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615