



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

Annual Report for the year: **2018**  
Corporation

- Filing period: January 1 - March 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1 Entity ID Number <b>111194</b>		2 Exact name of the Corporation <b>A. E. MAZIKA INSURANCE SERVICES, INC.</b>	
3 Principal Office Address <b>P.O. Box 6403</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02940</b>	
4 NAICS Code <b>524210</b>	6 Brief description of the character of business conducted in Rhode Island <b>TO CONDUCT AN INSURANCE BUSINESS</b>		
5 State of Incorporation <b>Rhode Island</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 <b>Alex E. Mazika, III</b>		Vice-President Name <b>Scott M Zamborano</b>	
Street Address <b>1529 Mineral Spring Avenue</b>		Street Address <b>1529 Mineral Spring Avenue</b>	
City <b>North Providence</b>	State <b>RI</b>	City <b>North Providence</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</b>	
Secretary Name <b>Alex E. Mazika, III</b>		Treasurer Name <b>Scott M Zamborano</b>	
Street Address <b>1529 Mineral Spring Avenue</b>		Street Address <b>1529 Mineral Spring Avenue</b>	
City <b>North Providence</b>	State <b>RI</b>	City <b>North Providence</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</b>	
8 List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Alex E. Mazika, III</b>		Director Name <b>Scott Zamborano</b>	
Street Address <b>1529 Mineral Spring Avenue</b>		Street Address <b>1529 Mineral Spring Avenue</b>	
City <b>North Providence</b>	State <b>RI</b>	City <b>North Providence</b>	State <b>RI</b>
Zip <b>02904</b>		Zip <b>02904</b>	
Director Name <b>N/A</b>		Director Name <b>N/A</b>	
Street Address		Street Address	
City	State	City	State
Zip		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	
		<b>1000</b>	<b>COMMON</b>
			<b>NO PAR VALUE</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. <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 <b>Alex E. Mazika, III, President</b>		Date	
Signature of Authorized Representative			

**FILED**

**FEB 08 2018**