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	2 Exact name of the Corporation
111194	**A. E. MAZIKA INSURANCE SERVICES, INC.**

3 Principal Office Address	City	State	Zip
P.O. Box 6403	**Providence**	**RI**	**02940**

4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island
524210	**TO CONDUCT AN INSURANCE BUSINESS**
5. State of Incorporation: **Rhode Island**	

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

President Name	Street Address	City	State	Zip
Alex E. Mazika, III	**1529 Mineral Spring Avenue**	**North Providence**	**RI**	**02904**

Vice-President Name	Street Address	City	State	Zip
Scott M Zambarano	1529 Mineral Springs Avenue	North Providence	RI	02904

Secretary Name	Street Address	City	State	Zip
Alex E. Mazika, III	**1529 Mineral Spring Avenue**	**North Providence**	**RI**	**02904**

Treasurer Name	Street Address	City	State	Zip
Scott M Zambarano	1529 Mineral Spring Avenue	North Providence	RI	02904

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

Director Name	Street Address	City	State	Zip
Alex E. Mazika, III	**1529 Mineral Spring Avenue**	**North Providence**	**RI**	**02904**

Director Name	Street Address	City	State	Zip
Scott Zambarano	1529 Mineral Spring Avenue	North Providence	RI	02904

Director Name	Street Address	City	State	Zip
N/A				

Director Name	Street Address	City	State	Zip
N/A				

9 Shares Authorized — 10 Shares Issued — Check the box to indicate an attachment ☐

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**	**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	Date
Alex E. Mazika, III, President	

Signature of Authorized Representative

FILED

FEB 08 2018

11003

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