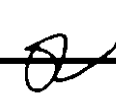




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 111194		2 Exact name of the Corporation A. E. MAZIKA INSURANCE SERVICES, INC.					
3 Principal Office Address P.O. Box 6403		City Providence	State RI	Zip 02940			
4 NAICS Code 524210	6 Brief description of the character of business conducted in Rhode Island 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 Alex E. Mazika, III		Vice-President Name Scott M Zamborano					
Street Address 1529 Mineral Spring Avenue		Street Address 1529 Mineral Spring Avenue					
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904		
Secretary Name Alex E. Mazika, III		Treasurer Name Scott M Zamborano					
Street Address 1529 Mineral Spring Avenue		Street Address 1529 Mineral Spring Avenue					
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904		
8 List ALL directors (names and addresses) Check the box to indicate an attachment ☐							
Director Name Alex E. Mazika, III		Director Name Scott Zamborano					
Street Address 1529 Mineral Spring Avenue		Street Address 1529 Mineral Spring Avenue					
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904		
Director Name N/A		Director Name N/A					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
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 Alex E. Mazika, III, President		Date
Signature of Authorized Representative					FILED  FEB 08 2018 11003		