

# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown. Secretary of State

Corporations Division 100 North Main Street Providence, RI 0200-1335 401-222 3040
100 North Sain Street
Providence, RI 0220, 1335
101 222 3047

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - (FORM MUST BE TYPED OR P.	March 1 •	Filing Fee: \$50.00	ATTOR THE TE	A.K	V	
1. Corporate II) No.	2. Name of Gorpo	2. Name of Corporation				
85712		onstruction of Newport, In	с	· · · · · · · · · · · · · · · · · · ·		
3 Street Address Principal Busine P.O. Box 14	64		Newport	State RI	02840	
4. Business Phone No. 401 – 848 – 710	5	5. State of Incorporation RHODE ISLAN			6. SIC Code	
7. Brief Description of the Character THE OPERATION OF	ter of Business Conducte A GENERAL CONT	ed in Rhode Island RACTING BUSINESS.		-	1.0	
8. NAMES AND ADDRESS President Name Thomas P. M		ERS: ("X" BOX FOR AT	TACHMENT) [] FILL II  Vice President Name	N SPACES BEFORE USING	G ATTACHMENTS 14	
Sired Address Box 14	64		Street Address			
Newport Newport	State RI	<sup>2</sup> 02840	. City	State	Zip	
Secretary Name	·····		Treusurer Name		11 11 1	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. NAMES AND ADDRESS Director Name Thomas P. M		TORS: <i>(*X* BOX FOR A</i>	TTACHMENT)   Fill Director Name	IN SPACES BEFORE USIS	NG ATTACHMENTS	
Sirent Address P.O. Box 14	64		Street Address			
City Newport	State RI	02840	City	State	Z(p	
Director Name		·····J·······	Director Name		······································	
Sirvet Address			Street Address			
Cuy	State	Zíp	City	State	Zip	
10. SHARES AUTHORIZE	D ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
2,000 NO PAR VALUE			200	common	0	
This report must b	oc signed in ink by	either the President, Vice	President, Secretary, Assis	tant Secretary, Treasurer,	Receiver or Trustee	
			including any acco	ompanying schedules and state	nat I have examined this report ements, and that all statements	
File Date	105		Signature of Officer	re true and correct.	74 1/18/05 1	
Check No	701	[	<del></del>	P. Mazza	·	
By:FOR SECRETARY OF	UH STATE HEE ONLY	_	Print or Type Nume Preside:		<u> </u>	
TOR SECRETARY OF	OTATE USE ONLT		Title of Officer		Form 630 Rev. 12/03	



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Corporate ID No	2. Name of Corpo	ration				
85712	1 .	nstruction of Newport, Inc	•	<u> </u>		
Street Address Principal Bust P.O. Box 14			Newport	State RI	21p 02840	
Business Phone No.		5. State of Incorporation			6. \$IC Code	
401-848-710		RHODE ISLAND			885	
	F A GENERAL CONT	ra in knode island Racting Business. Ers: <i>("X" Box for At</i> 7	CACHMENT)	SPACES BEFORE USING	ATTACHMENTS	
rsident Name Thomas P. M		ZKO. ( X ZOX TOX III.	Vice President Name			
P.O. Box 14	64		Sireet Address			
Newport	State RI	<sup>Ζίρ</sup> 02840	City	State	Zip	
crotary Name			Treasurer Name			
rect Address			Street Address			
Tity	State	Zip	City	State	Zip	
. NAMES AND ADDRE	•	CTORS: ("X" BOX FOR A	TTACHMENT)   FILL Director Name	IN SPACES BEFORE USI	NG ATTACHMENTS	
P.O. Box 14			Street Address			
Newport	State RI	2ip 02840	City	State	Zip	
Director Name	····		Director Name			
ireet Address			Street Address			
City	State	Zip	City	State	Zip	
0. SHARES AUTHORIZ	ZED ("X" BOX FOR	ATTACHMENT)	: 11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTACH	IMENT) []	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Sories	Par Value	
2,000 NO PAR VALUE		·	200	common	0	
This report mus	st be signed in ink b	y either the President, Vice	President, Secretary, Assis	stant Secretary, Treasurer,	Receiver or Trustee	
			including any acc	perjury, I declare and affirm to ompanying schedules and state true and correct.		
File Date	25/04 3657	<del></del>   	Signature of Office	P. Mazza 0	Dail	
Ву:	0A		Print or Type Nam Presid	e of Officer ent		
FOR SECRETARY	OF STATE USE ONLY		Title of Officer	<u> </u>		

Edward S. Inman, III. Secretary of State Corporations Division

100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>20</u>03

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

85712
3. Street Address Principal Business Office
P.O. Box 1464
4. Business Phone No.
401-848-7105
7. Brief Description of the Character of Bu
operation of a

Colonial Construction of Newport, Inc.

City

Newport

State

Zip

5. State of Incorporation

RI

02840 6. SIC Code

**RHODE ISLAND** 

885

in of the Character of Business Conducted in Rhode Island

tion of a general contracting business

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name

President Name

Thomas P. Mazza

Street Address

City

Street Address

P.O. Box 1464

Zip

City

State

Zip

Newport, RI 02840

Treasurer Name

Secretary Name

Street Address

Street Address

State

210

ZIp

City

State

Zip

FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Thomas P. Mazza

Street Address

Street Address

Director Name

P.O. Box 1464

City

City

State

Zio

Newport, RI 02840

Director Name

Director Name

Street Address

Street Address

City

State

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ESSUEED SHARES Number of Shares

Class/Series

Par Value

2,000 NO PAR VALUE

. 200

common

0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:

Check No.:

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Thomas P. Mazza

Print or Type Name of Officer President

Title of Officer

Form (30 12/02



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### 2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

		_
857	4	ว
0J1	ŀ	4

Colonial Construction of Newport, Inc.

3. Street Address Principal Business Office

CITY

State

Zip

P.O. Box 1464

Newport .

RI

02840

4. Business Phone No.

5. State of Incorporation

6. SIC Code

RHODE ISLAND

885

401-848-7105
7. Brief Description of the Character of Business Conducted in Rhode Island

operation of a general contracting business 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHA	(ENT) FILL IN SPACES BEFORE USING ATTACHMENTS
President Name	Vice President Name

Thomas P. Mazza

Street Address

P.O. Box 1464

State

ZIp

7.10

State

Zip

Newport, RI 02840 ...

Secretary Name

Treasurer Name

Street Address

Street Address

City

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Street Address

Thomas P. Mazza P.O. Box 1464

ZIp

State

Z.ip

Newport, RI 02840

Street Address

Director Name

Street Address

City

City

State

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

2,000 NO PAR VALUE

Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

200

common

0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:

FOR SECRETARY OF STATE USE ONLY

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.

Date

Thomas P. Mazza

Print or Type Name of Officer President

Title of Officer **47:3**0 5

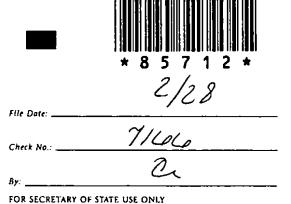
Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID 85712 2. Name of Corporation Colonial Construction of Newport, Inc. 3. Street Address Principal Business Office State Zip P.O. Box 1464 Newport RI 0284 2. Brief Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X BOX FOR ATTACHMENT) FILL INSPACES BEFORE USING ATTACHMENTS President Name
Thomas P. Mazza Street Address P.O. Box 1416 City City State ZIp Ne port, Secretary Name Treasurer Name Street Address Street Address City City 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Thomas P. Mazza Street Address Street Address P.O. Box 1416 City Zip Zip State Newport, RI 02840 Director Name Director Name Street Address Street Address ZIp City City State State Zip 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 2,000 SHS NO PAR VALUE 200 common 0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

Date

Thomas P. Mazza

Print or Type Name of Officer

President

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

85712

Colonial Construction of Newport, Inc.

3. Street Address Principal Business Office

Newport

P.O. Box 1416
4. Business Phone No.

5. State of Incorporation

RI

02840

RHODE ISLAND

0885

848-7105

7. Brief Description of the Character of Business Conducted in Rhode Island

operation of a general contracting business
8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name

President Name

Thomas P. Mazza

P.O. Box 1416

Street Address

State

Zip

RI

02840

Treasurer Name

Street Address

Street Address

City

State

Zip

City

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Street Address

Thomas P. Mazza

P.O. Box 14166

RI

City

State

Zip

2,000 SHS NO PAR VALUE

02840

Director Name

Street Address

Street Address

City

State

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

common

0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

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.

Thomas P.

Print or Type Name of Officer

President



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Zip 02840 	Newport  Nowport  AND	State RI  ES BEFORE USING ATTA  State	Zip
S. State of Incorporal RHODE ISL ducted in Rhode Island neral contracti OFFICERS (*X* BOX FOR AT	Newport  Newport  AND  ng business  TTACHMENT) FILL IN SPACE  Vice President Name  Street Address  City  Treasurer Name  Street Address	RI ES BEFORE USING ATTA	02840 6. SIC Code  ACHMENTS
S. State of Incorporal RHODE ISL ducted in Rhode Island eneral contracti E OFFICERS (*X* BOX FOR AT	Newport  Newport  AND  ng business  TTACHMENT) FILL IN SPACE  Vice President Name  Street Address  City  Treasurer Name  Street Address	RI ES BEFORE USING ATTA	02840 6. SIC Code  ACHMENTS
RHODE ISL ducted in Rhode Island eneral contracti cofficers (*x* BOX FOR AT	Newport  AND  ng business  TTACHMENT) FILL IN SPACE  Vice President Name  Street Address  City  Treasurer Name  Street Address	S BEFORE USING ATTA	02840 6. SIC Code  ACHMENTS
RHODE ISL ducted in Rhode Island eneral contracti cofficers (*x* BOX FOR AT	AND  AND  Ing business  TACHMENT) FILL IN SPACE  Vice President Name  Street Address  City  Treasurer Name  Street Address	S BEFORE USING ATTA	ACHMENTS  Zip
eneral contracti c OFFICERS (*X* BOX FOR AT  Zip 02840	ng business  TTACHMENT) FILL IN SPACE  Vice President Name  Street Address  City  Treasurer Name  Street Address	State	Zip
Zip 02840	TTACHMENT) FILL IN SPACE  Vice President Name  Street Address  City  Treasurer Name  Street Address	State	Zip
02840 Zip	City  Treasurer Name  Street Address		
02840 Zip	City  Treasurer Name  Street Address		
02840 Zip	Treasurer Name Street Address		
02840 Zip	Treasurer Name Street Address		
·	Street Address	State	
·	:	State	· · · · ·
·	:	State	· <del></del>
·	City	State	· <del></del>
·	City	SINTE	716
			Zip
DIRECTORS ( A BUX FUR	ATTACHMENT) FILL IN SPA Director Name  Street Address	SEA DEL ONE COMO MI	
02840	City	State	Zip
* ·•••	Director Name	*****	
	Street Address		
Zip	City	State	Zip
OR ATTACHMENT)	11. SHARES ISSUED	C''x' BOX FOR ATTACHME	(TYN
s Par Value	Number of Shares	Class/Series	Par Value
	200	co	mmon 0
	•		r -
	Zip OR ATTACHMENT)  Par Value	Zip City 02840  Director Name  Street Address  Zip City  OR ATTACHMENT)  11. SHARES ISSUED  SSUED SHARES  Number of Shares  200	Street Address  Zip City State 02840  Director Name  Street Address  Zip City State  OR ATTACHMENT)  11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)  ISSUED SHARES  Refer Par Value Number of Shares Class/Series

that all statements contained herein are true and correct.

Signature of Officer

Thomas P. Mazza

Print or Type Name of Officer

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

FOR SECRETARY OF STATE USE ONLY

File Date: .

President



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLAC	(K)				
1. Corporate ID No.	2. Name of Corporation				
85712 3. Street Address Principal Business C		Construction	of Newport, Inc	State	Zip
P.O. Box 1416 4. Business Phone No.		5. State of Incorporation	Newport	RI	02840 6. SIC Code
848-7105 7. Brief Description of the Character	of Business Conducted in Ri	Rhode Islan	ıd		0034
operation of a 8. NAMES AND ADDRESS President Name	general con ES OF THE OFFICE	tracting busi	. NESS HMENT) Vice President Name		
Thomas Mazza			Street Address		
P.O. Box 1416	State	Zip	City	State	Zip
Newport, Secretary Name	RI	02840	Treasurer Name		
Street Address			Street Address		
Сііу	State	Zip	City	State	Zíp
9. NAMES AND ADDRESS Director Name	SES OF THE DIREC	TORS ("X" BOX FOR ATT	ACHMENT) Director Name		
Thomas Mazza Street Address			Street Address		
P.O. Box 1416	State	Zip	City	State	Zip
Newport Director Name	RI	02840	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMENT)	·
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 shares no	par value		200	Common	0
This report must be sign	e <b>d in ink</b> by eithe	r the President, Vice	President, Secretary, Assi	stant Secret <b>ary</b> , Treasu	rer, Receiver
<del>-</del>					

r Trustee

File Date:	9.16.98	
Check No.:	6110	
	100	
By:	ARY OF STATE USE ONLY	<del></del>

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.

Signature of Officer

Thomas Mazza

Print or Type Name of Officer

<u>President</u> Title of Officer



Filing Period: January 1-March 1 • Filing Fee: \$50.00

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

### et, Providence, Ri 02903-1335 401-277-3040 STOP:

### PROFIT CORPORATION ANNUAL REPORT 1997

(FORM MUST BE TYPED IN BLAC	CK)				THIS FOR
1. Corporate ID No.	2. Name of Corporation				
85712	Colonial	Construction	of Newport,	Inc.	
3. Street Address Principal Business	Office		City	State	Zip
P.O. Box 1416			Newport	RI	02840
4. Business Phone No.		S. State of Incorporation			6. SIC Code
848-7105		Rhode Islan	nd		0034
7. Brief Description of the Character	of Business Conducted in Rho	de Island			
operation of a	general conf	tracting busin	ness		
8. NAMES AND ADDRESS	-	-			
President Name			Vice President Name		
Thomas Mazza					
Street Address			Street Address		
P.O. Box 1416					
City	State	Zip	City	State	Zip
Newport	RI	02840			
Secretary Name			Treasurer Name		·
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	SES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT)		
Director Name			Director Name		
Thomas Mazza					
Street Address			Street Address		
P.O. Box 1416					
City	State	Zip	City	State	Zip
Newport	RI	02840			
Director Name	<del></del>		Director Name	•	

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

State

Street Address

City

AUTHORIZE) SHARES

Number of Shares

Class/Series Par Value Number of Shares

Common 0 200 common 0

Zip

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Street Address

City

	0 27 00	
File Date:	8.01.91	
Check No.:	5729	
	/(\b),	
Ву:		
FOR SECRETAR	RY OF STATE USE ONLY	

Under penalty of perfury, 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.

Thomas Musel

State

Zip

Thomas Mazza

Print or Type Name of Officent

### PROFIT CORPORATION **ANNUAL REPORT**

1996



### State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

## Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO.	2 NAME OF CORPORATION				
85712 3 STREET ADDRESS PRINCIPAL BUSINESS O		al Construction	of Newport, Inc.	STATE	Z <del>™</del> CGGE
P.O. Box 1	416	5. STATE OF INCORPORATION	Newport	RI	02840 6.5K CGDE
848-7105	er overer cover efforth bucker	RHODE IS	LAND		0034
BRIEF DESCRIPTION OF THE CHARACTER C				_	
for the op	eration of a 8. NAN	general con	tracting busines  ESSES OF THE OF  VOLE PRESIDENT NAME	FICERS	
Thomas Maz	za		STREET ADDRESS		
P.O. Box 1	416 STATE	ZIP CODE	air	STATE	ZIP CODE
Newport SECRETARY MAME	RI	02840	TREASURER NAME		
STREET AODRESS			STREET ACCORESS		
יזע	STATE	Z'P CODE	C:14	STATE	ZIP CODE
	9. N.A.R	AES AND ADDR	ESSES OF THE DI	RECTORS	•
DIRECTOR NAME Thomas Maz STREET ACORESS	za		STREET ADDRESS		·
P.O. Box 1	416 STATE	ZIP CODE	ατγ	STATE	ZIP CODE
Newport DIRECTOR NAME	RI	02840	D RECTOR NAME	`	
STREET AOURESS			STREET ACORESS		
CITY	STATE	7/P COUR	¢.7i	STATE	## C00E
	1 0 . S M	ARES AUTHOR	IZED AND ISSUED	Issued shares	·
VIJMBER OF SHARES	CLASS / SEPIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
2,000 SHS	NO PAR VALUE		200	common	0
					a and a second second
		·			<del></del>
Pre	This sident, Vice Preside	report must be <b>SIG</b> ent, Secretary, Assist	<b>NED IN INK</b> by either the tant Secretary, Treasurer,	e Receiver or Truste	e <b>E</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.

File Date:

Check No:

Ву:

Signature of Officer

<u>Thomas Mazza</u> Print or Type Name of Officer

9-16-96.