



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**

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 02904									
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 <input type="checkbox"/>														
President Name Alex E. Mazika, III			Vice-President Name Scott M. Zambarano											
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			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Alex E. Mazika, III			Director Name Scott Zambarano											
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 <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	COMMON	NO PAR VALUE			
		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 12/27/18									
Signature of Authorized Representative														

SIGN DOCUMENT HERE **FILED**

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

JAN 02 2019

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