

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY  
CERTIFICATION OF FILING**

**Certificate Number:**  
2025-1354450

**Date Filed:**  
08/25/2025

**Date Acknowledged:**  
08/25/2025

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
PURVIS Systems Incorporated  
Middletown, RI United States

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
City of Williamson County, Texas

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**  
2025348  
PURVIS Alerting System EMS Squad 30

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Drago, Joseph	Middletown, RI United States	X	
	Correia, Susan	Middletown, RI United States	X	
	Foster, Richard	Middletown, RI United States	X	
	Higginbotham, Stephen	Middletown, RI United States	X	
	Augart, Paul	Middletown, RI United States	X	
	Desposito, John	Middletown, RI United States	X	

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)

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	Augart, Paul	Middletown, RI United States	X	
	Desposito, John	Middletown, RI United States	X	

5 Check only if there is NO Interested Party.

### 6 UNSWORN DECLARATION

My name is Danielle Flinn and my date of birth is [REDACTED]

My address is [REDACTED] (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Newport County, State of RI, on the 25<sup>th</sup> day of August, 2025.  
(month) (year)

[Signature]  
Signature of authorized agent of contracting business entity  
(Declarant)