

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:
2025-1354457

Date Filed:
08/25/2025

Date Acknowledged:

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.
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.
2025350
Purvis Q-PC2026-101; Alerting System EMS M28 and M51

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.

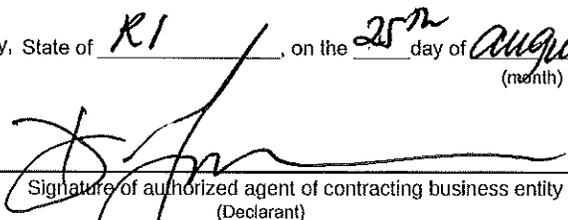
6 UNSWORN DECLARATION

My name is [REDACTED], and my date of birth is [REDACTED]

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

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

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


Signature of authorized agent of contracting business entity
(Declarant)

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	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)