



State of Rhode Island and Providence Plantations
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000060908

2. Name of Corporation Corporate Insurance Services, Inc.

3. Street Address Principal Business Office:

No. and Street: 270 CENTRAL AVENUE
PO BOX 7500

City or Town: JOHNSTON State: RI Zip: 02919 Country: USA

4. Business Phone No.

4014151081

5. State of Incorporation

State: RI

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

INSURANCE AGENCY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CHAIRMAN	MICHAEL R. TURNER	500 RIVER RIDGE DRIVE NORWOOD, MA 02062 USA
SECRETARY	NELSON G. WESTER	270 CENTRAL AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	NELSON G. WESTER	270 CENTRAL AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	WILLIAM A. MEKRUT	270 CENTRAL AVENUE JOHNSTON, RI 02919 USA
PRESIDENT	JOHN J LAWLESS IV	500 RIVER RIDGE DRIVE

		NORWOOD, MA 02062- USA
DIRECTOR	MICHAEL R. TURNER	500 RIVER RIDGE DRIVE NORWOOD, MA 02062 USA
TREASURER	JOY K. CAVE	270 CENTRAL AVENUE JOHNSTON, RI 02919 USA
DIRECTOR	JOHN J. LAWLESS IV	500 RIVER RIDGE DRIVE NORWOOD, MA 02062 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	8,000.00	1000

9. 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.

Signed this 13 Day of January, 2015 at 11:07:02 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By NELSON G. WESTER
Signature of Authorized Representative of the Corporation

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea
Secretary of State

