



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

Fee: \$50.00

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

**Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

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.

275-3000

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.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 |
|-----------|--|--|
| SECRETARY | OMAR HAMEED | 270 CENTRAL AVENUE JOHNSTON, RI 02919 USA |
| CHAIRMAN | MICHAEL R. TURNER | 500 RIVER RIDGE DRIVE NORWOOD, MA 02062 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 22 Day of January, 2016 at 2:01:58 PM. *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 JAY SWIATEK
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved