RI SOS Filing Number: 202189433370 Date: 2/2/2021 3:07:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	202
Corporation	_

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2021 FEB -2 PM 3: 05

→ Filing period January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$2								
Entity ID Number 001087541		2. Exact name of the Corporation						
	C.I.S. Effer	C.I.S. Enterprises, Inc.						
3. Principal Office Address 11941 SW 35 ST			City		State	Zip		
			Miami		FI.	33175		
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island						
238320	Wallcoverin	Wallcovering Installation.						
State of Incorporation		\neg						
FL								
7. List ALL officers (names a	and addresses)				ck the box to indi	cate an attachment		
President Name Frank Blanco			Vice-President Name					
Street Address 11941 SW 35	Street Address							
City Miami	State FI.	Zip 33175	City	.	State	Zip		
<u></u>	F1.	331/5						
Secretary Name		Treasurer Name Lisa Blanc						
Street Address			Street Address 11941 SW 35 ST					
City	State	Zip	City Miami		State FL	Zip 33175		
8. List ALL directors (names	and addresses)				eck the box to indi	cate an attachment 🔲		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name			Director Nan	Director Name				
Street Address			Street Address					
Chi	Ictore	15:-		•	Isia	la-		
City	State	Zip	City		State	Zip		
9. Shares Authorized		10. Shares Iss						
This information is currently Department of State.	of record in the	NUMBER OF SHARES		CLASS/SERIES		PAR VALUE		
•		1000		CWP		1.00		
Changes require an additiona	al filing.							
11. This report must be exec	cuted on behalf of the	corporation by an	authorized repr	<u> </u>	rporation is in the	hands of a receiver or		
trustee, this report must be	executed on behalf o	f the corporation by	the receiver or	trustee.				
Under penalty of perjury, I statements, and that all st				including any acc	companying sch	edules and		
Name of Authorized Repres					Date			
Lisa Blanco						01/29/2021		
Signature of Authorized Rep	presentative				<u> </u>			
assam			FIL	ED				
<u> </u>								

MAIL TO:

Division of Business Services

148 W, River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB 0 2 2021

FORM 630 - Revised: 08/2020