



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV

2021 FEB -2 PM 3:05

1. Entity ID Number 001087541		2. Exact name of the Corporation C.I.S. Enterprises, Inc.			
3. Principal Office Address 11941 SW 35 ST			City Miami	State FL	Zip 33175
4. NAICS Code 238320		6. Brief description of the character of business conducted in Rhode Island Wallcovering Installation.			
5. State of Incorporation FL					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Frank Blanco			Vice-President Name		
Street Address 11941 SW 35 ST			Street Address		
City Miami	State FL	Zip 33175	City	State	Zip
Secretary Name			Treasurer Name Lisa Blanco		
Street Address			Street Address 11941 SW 35 ST		
City	State	Zip	City Miami	State FL	Zip 33175
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			1000	CWP	1.00
11. 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.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Lisa Blanco				Date 01/29/2021	
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 08/2020