RI SOS Filing Number: 201602373170 Date: 07/20/2016 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

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

1. Entity ID Number	2. Exact name of the Corporation		
89665	CASA IDEAL INC.		
3. Principal Office Address	City	State	Zip
88 TAUNTON AVE	E. PROVIDENCE	RI	02914
4. Business Phone Number	5. State of Incorporation		
401-438-5719	RHODE ISLAND		

6. Brief description of the character of business conducted in Rhode Island

TO OWN AND OPERATE A BUSINESS FOR THE IMPORT/EXPORT OF HSLD GOODS, JEWELRY AND CLOTHING

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
LUIS A SANTOS	88 TAUNTONA VE	E PROVIDENCE	RI	02914

Vice-President Name	Street Address	City	State	Zip
ANTONIO F DOS SANTOS	160 ANTHONY ST	E PROVIDENCE	RI	02914

Secretary Name	Street Address	City	State	Zip
MARIA L SANTOS	160 ANTHONY ST	E PROVIDENCE	RI	02914

Treasurer Name	Street Address	City	State	Zip
LUISA A SANTOS	88 TAUNTON AVE	E PROVIDENCE	RI	02914

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
LUIS A SANTOS	88 TAUNTON AVE	E PROVIDENCE	RI	02914

Director Name	Street Address	City	State	Zip
ANTONIO F DOS SANTOS	160 ANTHONY ST	E PROVIDENCE	RI	02914

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
400	COMMON	NO PAR

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	Date
LUISA A SANTOS	07/16/2016

Signature of Authorized Representative: Luisa A Santos — SIGN DOCUMENT HERE

FILED
JUL 20 2016
BY 3701

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

140017-4-1141437

FORM 630 - Revised: 05/2016