

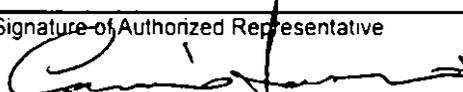


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
 FEB 14 2019
 BY 1191
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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.

1. Entity ID Number 911492		2. Exact name of the Corporation Calisa Designs, inc.			
3. Principal Office Address 80 Fountain St., Suite 206			City Pawtucket	State RI	Zip 02860
4. NAICS Code 423940		6. Brief description of the character of business conducted in Rhode Island Jewelry design			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Carmine lasimone			Vice-President Name Carmine lasimone		
Street Address 80 Fountain St., Suite 206			Street Address 80 Fountain St., Suite 206		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Carmine lasimone			Treasurer Name Carmine lasimone		
Street Address 80 Fountain St., Suite 206			Street Address 80 Fountain St., Suite 206		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Carmine lasimone			Director Name		
Street Address 80 Fountain St., Suite 206			Street Address		
City Pawtucket	State RI	Zip 02860	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					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 Carmine lasimone				Date 2/11/19	
Signature of Authorized Representative 				SPON DOCUMENT HERE	

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