


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

FILED

 Annual Report for the year: **2020**  
 Corporation

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

 DEC 23 2019  
 BY 1348 OS

1. Entity ID Number <b>000791569</b>		2. Exact name of the Corporation <b>COMERCIALIZADORA LA FERIA DE LAS FAJAS, INC.</b>			
3. Principal Office Address <b>62 NEWPORT AVENUE</b>			City <b>RUMFORD</b>	State <b>RI</b>	Zip <b>02916</b>
4. NAICS Code <b>448190</b>	6. Brief description of the character of business conducted in Rhode Island <b>RETAIL WOMEN'S CLOTHING AND ACCESSORIES, ONLINE SALES OF STRAPLES BODY GIRDLES</b>				
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MARIA R. CUERVO</b>			Vice-President Name <b>SANDRA FURTADO</b>		
Street Address <b>300 EAST WASHINGTON STREET</b>			Street Address <b>6 JOHN AVENUE</b>		
City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>NORTH SMITHFIELD</b>	State <b>RI</b>	Zip <b>02896</b>
Secretary Name <b>MARIA R. CUERVO</b>			Treasurer Name <b>MARIA R. CUERVO</b>		
Street Address <b>300 EAST WASHINGTON STREET</b>			Street Address <b>300 EAST WASHINGTON STREET</b>		
City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>	City <b>NORTH ATTLEBORO</b>	State <b>MA</b>	Zip <b>02760</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>NONE</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/STRIKES		
			PAR VALUE		
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 <b>MARIA R. CUERVO</b>					Date <b>12.05.19</b>
Signature of Authorized Representative <i>Maria R. Cuervo</i>					SIGN 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