



RI SOS Filing Number: 202032444360 Date: 1/15/2020 11:50:00 AM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

1. Entity ID Number 000794272		2. Exact name of the Corporation LA CASA DE LAS CORTINAS CORP.			
3. Principal Office Address 1938 WESTMINSTER ST		City PROVIDENCE		State RI	Zip 02909
4. NAICS Code 452990		6. Brief description of the character of business conducted in Rhode Island LINEN CURTAINS AND HOME ITEMS SALES RETAILS AND WHOLESALE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>					
President Name SADDAN H. KHARWISH			Vice-President Name		
Street Address 1938 WESTMINSTER ST			Street Address		
City PROVIDENCE		State RI	Zip 02909	City	
Secretary Name			Treasurer Name		
Street Address			Street Address		
City		State	Zip	City	
8. List ALL directors (names and addresses) <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES 200		CLASS/SERIES CWP		PAR VALUE 0.0100	
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. <input checked="" type="checkbox"/>					
Name of Authorized Representative SADDAN H KHARWISH				Date 01/09/2020	
Signature of Authorized Representative <i>Saddan H Khawish</i>				SIGN DOCUMENT HERE	

RECEIVED
RI DEPT. OF STATE
BUS. SVCS. DIV.
2020 JAN 15 AM 11:48

FILED
JAN 15 2020

BY LTF3
A.A. 11:50 A.M.