



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. | | | 10. Shares Issued <input checked="" type="checkbox"/> Check the box to indicate an attachment <input type="checkbox"/> | | |
| Changes require an additional filing. | | | 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. <i>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.</i> <input checked="" type="checkbox"/> | | | | | |
| Name of Authorized Representative SADDAN H KHARWISH | | | | Date 01/09/2020 | |
| Signature of Authorized Representative <i>Saddan H. Kharwish</i> | | | | FILED JAN 15 2020 BY LTF3 A.A. 11:50 A.M. | |
| SIGN DOCUMENT HERE | | | | | |

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