



State of Rhode Island
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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2020 DEC -8 PM 4: 14

1. Entity ID Number 000089665		2. Exact name of the Corporation CASA IDEAL, INC			
3. Principal Office Address 88 TAUNTON AVE			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 452319	6. Brief description of the character of business conducted in Rhode Island TO OWN AND OEPRATE A BUSINESS FOR THE IMPORT/EXPORT OF HOUSEHOLD GOODS, JEWELRY AND CLOTHING				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LUIS A SANTOS			Vice-President Name ANTONIO F SANTOS		
Street Address 88 TAUNTON AVE			Street Address 160 ANTHONY ST		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name MARIA L SANTOS			Treasurer Name LUISA A SANTOS		
Street Address 160 ANTHONY ST			Street Address 88 TAUNTON AVE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name LUIS A SANTOS			Director Name LUISA A SANTOS		
Street Address 88 TAUNTON AVE			Street Address 88 TAUNTON AVE		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST ROVIDENCE	State RI	Zip 02914
Director Name MARIA L SANTOS			Director Name ANTONIO F SANTOS		
Street Address 160 ANTHONY ST			Street Address 160 ANTHONY ST		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
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	
		400		400	
				\$0.00	
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 LUISA SANTOS				Date 12/8/2020	
Signature of Authorized Representative <i>Luiza Santos</i>				FILED	

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

DEC 08 2020
 RWG-3F
 A.A. 4:15 pm