



RI SOS Filing Number: 202079157270 Date: 12/8/2020 4:15:00 PM

Department of State - Business Services Division

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.

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STATE

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|--|---|---|-------------------------|---------------------|---------------------|
| 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 OPERATE 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 PROVIDENCE | 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 This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | NUMBER OF SHARES 400 | | CLASS/SERIES 400 | PAR VALUE \$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>Luisa 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

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FORM 630 - Revised: 08/2020