



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

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

**FILED
 STAMP**
JAN 29 2021
 BY 1251 OS

1. Entity ID Number 911492		2. Exact name of the Corporation Calisa Designs, Inc.			
3. Principal Office Address 80 Fountain St., Suite 206			City Pawtucket	State RI	Zip 02860
4. NAICS Code 423940		6. Brief description of the character of business conducted in Rhode Island Jewelry design			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Carmine Iasimone			Vice-President Name Carmine Iasimone		
Street Address 80 Fountain St., Suite 206			Street Address 80 Fountain St., Suite 206		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Carmine Iasimone			Treasurer Name Carmine Iasimone		
Street Address 80 Fountain St., Suite 206			Street Address 80 Fountain St., Suite 206		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Carmine Iasimone			Director Name		
Street Address 80 Fountain St., Suite 206			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		125	Common	01	
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 Carmine Iasimone				Date 1/23/21	
Signature of Authorized Representative 					