



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 15 2024

BY 1287

1. Entity ID Number 911492		2. Exact name of the Corporation Calisa Designs, Inc.			
3. Principal Office Address 6 Stonybridge Drive			City Lincoln	State RI	Zip 02865
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 6 Stonybridge Drive			Street Address 6 Stonybridge Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Carmine Iasimone			Treasurer Name Carmine Iasimone		
Street Address 6 Stonybridge Drive			Street Address 6 Stonybridge Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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 6 Stonybridge Drive			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			125		Common
					PAR VALUE
					.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 2/7/24
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov