



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.

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1. Entity ID Number 000791569		2. Exact name of the Corporation Comercializadora La Feria De Las Fajas, Inc. DBA DistrIVision			
3. Principal Office Address 2901 Titan Row, Suite 118			City Orlando	State FL	Zip 32809
4. NAICS Code 448190		6. Brief description of the character of business conducted in Rhode Island Women's retail clothing & accessories, online sales of strapless body shapers & girdles			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Maria Ruth Cuervo			Vice-President Name Sandra Furtado		
Street Address 11414 Sandy Hill Drive			Street Address 2901 Titan Row, Suite 118		
City Orlando	State FL	Zip 32821	City Orlando	State FL	Zip 32809
Secretary Name Maria Ruth Cuervo			Treasurer Name Maria Ruth Cuervo		
Street Address 11414 Sandy Hill Drive			Street Address 11414 Sandy Hill Drive		
City Orlando	State FL	Zip 32821	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAY VALUE
			500	Class A-vote	\$0.01
			500	Class B-vote	\$0.01
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 Maria Ruth Cuervo					Date 01/02/2024
Signature of Authorized Representative <i>Maria Ruth Cuervo</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

MAR 15 2024

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