



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

MAY 08 2024

BY ILYX

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 RI					
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 LUISA 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
Secretary Name LUIS A SANTOS			Treasurer Name LUISA 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
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 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 LUIS A SANTOS			Director Name LUISA 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
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		200	COMMON	NO	
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 May 1 2024
Signature of Authorized Representative <i>Luisa Santos</i>					

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