



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**

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

MAR 31 2025

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1. Entity ID Number 001770391		2. Exact name of the Corporation International Housewares, Inc.			
3. Principal Office Address 115 Chestnut Street, Suite C			City Warwick	State RI	Zip 02888
4. NAICS Code 455219		6. Brief description of the character of business conducted in Rhode Island Retail store			
5. State of Incorporation New Jersey					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cathy Palmisano			Vice-President Name Jessie Perry		
Street Address 115 Chestnut Street, Suite C			Street Address 115 Chestnut Street, Suite C		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Cathy Palmisano			Treasurer Name Jessie Perry		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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			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		
			PAR VALUE		
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 Cathy Palmisano					Date 3/24/25
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

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