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State of Rhode Island
Department of State - Business Services Division

FILED
APR 24 2025
BY 10054

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.

1 Entity ID Number	2 Exact name of the Corporation
000089665	CASA IDEAL, INC

3. Principal Office Address	City	State	Zip
88 TAUNTON AVE	EAST PROVIDENCE	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
452319	TO OWN AND OEPRATE 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 ☐

President Name	Street Address	City	State	Zip
LUIS A SANTOS	88 TAUNTON AVE	EAST PROVIDENCE	RI	02914

Vice-President Name	Street Address	City	State	Zip
LUISA A. SANTOS	88 TAUNTON AVE	EAST PROVIDENCE	RI	02914

Secretary Name	Street Address	City	State	Zip
LUIS A SANTOS	88 TAUNTON AVE	EAST PROVIDENCE	RI	02914

Treasurer Name	Street Address	City	State	Zip
LUISA A. SANTOS	88 TAUNTON AVE	EAST PROVIDENCE	RI	02914

8. List All directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
LUIS A SANTOS	88 TAUNTON AVE	EAST PROVIDENCE	RI	02914

Director Name	Street Address	City	State	Zip
LUISA A. SANTOS	88 TAUNTON AVE	EAST PROVIDENCE	RI	02914

Director Name	Street Address	City	State	Zip
LUIS A SANTOS	88 TAUNTON AVE	EAST PROVIDENCE	RI	02914

Director Name	Street Address	City	State	Zip
LUISA A. SANTOS	88 TAUNTON AVE	EAST PROVIDENCE	RI	02914

9 Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
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	Date
LUISA A. SANTOS	4.19.25

Signature of Authorized Representative
Luisa A. Santos

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