



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

APR 24 2025

BY

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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 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name LUIS A SANTOS		Vice-President Name LUISA A. 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 A. 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name LUIS A SANTOS		Director Name LUISA A. 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 A. 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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
		NUMBER OF SHARES CLASS/SERIES PAR VALUE			
*1. 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 A. SANTOS					Date 4.19.25
Signature of Authorized Representative <i>Luisa A. Santos</i>					

MAIL TO:

Division of Business Services

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

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Website: www.scs.ri.gov

FORM 620 Revised 12/2012