



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 14932		2. Name of Corporation STYLECRAFT, INC.	
3. Street Address Principal Business Office 1510 Pontiac Avenue		City Cranston	State RI
		Zip 02920	
4. Business Phone No. 401-463-9944		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Selling and Manufacturing of Jewelry			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Neil P. Berman		Vice President Name Neil P. Berman	
Street Address 2898 N.W. 27th Avenue		Street Address 2898 N.W. 27th Avenue	
City Boca Raton	State FL	City Boca Raton	State FL
Zip 33434		Zip 33434	
Secretary Name Neil P. Berman		Treasurer Name Neil P. Berman	
Street Address 2898 N.W. 27th Avenue		Street Address 2898 N.W. 27th Avenue	
City Boca Raton	State FL	City Boca Raton	State FL
Zip 33434		Zip 33434	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Neil P. Berman		Director Name	
Street Address 2898 N.W. 27th Avenue		Street Address	
City Boca Raton	State FL	City	State
Zip 33434		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares	Class/Series
		Par Value	
		200	Common
			No Par

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.

File Date **FILED**

Check No. **JAN 25 2011**

By: **24656**

FOR SECRETARY OF STATE USE ONLY

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.

Neil P. Berman 1-20-11

Signature Date

Neil P. Berman

Print or Type Name

President

Title