



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2018

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2019 JAN - 8 PM 3:30

1. Entity ID Number 01673989		2. Exact name of the Corporation Spring Colors	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Provide modeling Education to Fashion and Designers cause the talent in Design and Human Development in Rhode Island.	
4. NAICS Code 99999			
6. Principal Office Address 167 Vermont Ave Floor 1		City Providence	State RI
		Zip 02905	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Martha H Santana		Vice-President Name	
Street Address 167 Vermont Ave Floor 1		Street Address	
City Providence	State RI	City	State
Zip 02905		Zip	
Secretary Name Gennesis Santana		Treasurer Name	
Street Address 167 Vermont Ave Providence 02905		Street Address Pro	
City Providence	State RI	City	State
Zip 02905		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name Margarita GUZMAN		Director Name Gennesis Santana	
Street Address 40 Alexander St Apt 201		Street Address 167 Vermont Ave. Apt. 1	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Director Name Martha H Santana		Director Name	
Street Address 167 Vermont Ave		Street Address	
City Providence	State RI	City	State
Zip 02905		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Martha H Santana		Date 01-08-19	
Signature of Officer/Authorized Representative Martha H Santana		FILED JAN 08 2019 BY 8MAG 3:30	

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