



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

Annual Report for the year: 2019  
 Non-Profit Corporation

2019 MAY 31 PM 12:50

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <b>884920</b>		2. Exact name of the Corporation <b>STYLE WEEK, INC</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Mentorship &amp; Event Program for Designers</b>			
4. NAICS Code <b>711510</b>					
6. Principal Office Address <b>49 WEYBOSSET ST, 5th FL</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Rosanna M. Ortiz</b>			Vice-President Name <b>Susan Keller</b>		
Street Address <b>105 Weybosset St #319</b>			Street Address <b>18 Bay St</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>N. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
Secretary Name <b>Mark Plympton</b>			Treasurer Name		
Street Address <b>105 Weybosset St #319</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	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 <b>Susan Keller</b>			Director Name <b>Latha Sivaprasad</b>		
Street Address <b>18 Bay St</b>			Street Address <b>100 Prospect St</b>		
City <b>N. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>Mark Plympton</b>			Director Name		
Street Address <b>105 Weybosset St #319</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <b>Rosanna M Ortiz</b>				Date <b>5-31-2019</b>	
Signature of Officer/Authorized Representative <b>Rosanna M Ortiz</b>				<b>FILED</b>	
MAY 31 2019					

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

BY 16690  
**A.A. 12:53 p.m.**