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R.I. DEPT. OF STATE
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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

2019 OCT -7 P 12:23

Annual Report for the year:
Non-Profit Corporation

2019

- 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 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 Designer career the talent in Design and Human Development in Rhode Island.			
4. NAICS Code 999999					
6. Principal Office Address 167 Vermont ave Apt 1		City Providence	State RI	Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Martha H Santana		Vice-President Name			
Street Address 167 Vermont ave Apt 1		Street Address			
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Genesis Santana		Treasurer Name			
Street Address 167 Vermont Ave Apt 1		Street Address			
City Providence	State RI	Zip 02905	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marganta Guesman		Director Name Genesis Santana			
Street Address 40 Leander St Apt 201		Street Address 167 Vermont Ave Apt 1			
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Director Name Martha H Santana		Director Name			
Street Address 167 Vermont Ave Apt 1		Street Address			
City Providence	State RI	Zip 02905	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.					
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.					
<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 Martha H Santana				Date 10-07-19	
Signature of Officer/Authorized Representative <i>Martha H Santana</i>					

FILED

OCT 07 2019
186A4 A.A.

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 _____