RI SOS Filing Number: 202191583070 Date: 2/16/2021 2:13:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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1. Entity ID Number	2. Exact name of the Corporation			
507408	AMBER STYLE INC			
3. Principal Office Address: 318 RIVER RD UNIT 2	City: LINCOLN	State: RI	Zip: 02865	
4. NAICS Code: 423390	6. Brief description of the character of business conducted in Rhode Island: SALE & DISTRIBUTE TEXTILE AND HOME DECOR APPAREL AND HANDICRAFTS			
5. State of Incorporation: RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: RITESH MATHUR			Vice-President Name: AMIT KUMAR		
Street Address: 318 RIVER RD UNIT 2			Street Address: F 191 EPIP GARMENT ZONE, SITAPUR INDUSTRIAL		
City: LINCOLN	State: RI	Zip: 02865	City: JAIPUR	State: INDIA	Zip: 302022
Secretary Name: RITESH MATHUR			Treasurer Name: RITESH MATHUR		
Street Address: SAME AS ABOVE			Street Address: SAME AS ABOVE		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: RITESH MATHUR			Director Name: RITESH MATHUR		
Street Address: SAME AS ABOVE			Street Address: SAME AS ABOVE		
City	State	Zip	City	State	Zip
Director Name: RITESH MATHUR			Director Name: RITESH MATHUR		
Street Address: SAME AS ABOVE			Street Address: SAME AS ABOVE		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON STOCKS	

11. 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: RITESH MATHUR

FILED

Date: 02/01/2021

Signature of Authorized Representative

SIGN DOCUMENT HERE

FEB 16 2021

BY

2:13

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

FORM 630 - Revised: 10/2017