



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

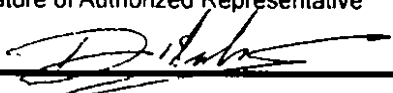
Annual Report for the year: **2020**
Corporation

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

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

STAMP

 2021 FEB - 16 AM 9:45
 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 02865

1. Entity ID Number 507408			2. Exact name of the Corporation AMBER STYLE INC											
3. Principal Office Address 318 RIVER RD UNIT 2			City LINCOLN		State RI									
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		10. Shares Issued Check the box to indicate an attachment ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON STOCKS</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON STOCKS				
		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				Date 02/01/2021										
Signature of Authorized Representative  SIGN DOCUMENT HERE														

FILED

 FEB 16 2021
 SIGN DOCUMENT HERE

BY

2:13