



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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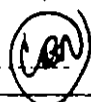
1. Entity ID Number <u>001673989</u>		2. Exact name of the Corporation <u>Spring Colors</u>		
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>adobscnt</u> <u>Spring colors provided Foundation to child(ren)</u>		
4. NAICS Code <u>448120</u>				
6. Principal Office Address		City	State	Zip
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐				
President Name <u>Martha Santana</u>		Vice-President Name <u>Gemma Santana</u>		
Street Address <u>1494 Broad St</u>		Street Address <u>160 Freecrest Ave</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>Cranston</u>	State <u>RI</u> Zip <u>02905</u>
Secretary Name <u>Margarette Guzman</u>		Treasurer Name <u>Angie Santana</u>		
Street Address <u>300 Garden St</u>		Street Address <u>20 Whipple Court</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02907</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐				
Director Name <u>Mancuela Abreu</u>		Director Name <u>Martha H. Santana</u>		
Street Address <u>1494 Broad St</u>		Street Address <u>160 Freecrest Ave</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>Cranston</u>	State <u>RI</u> Zip <u>02905</u>
Director Name <u>Martha Santana</u>		Director Name		
Street Address <u>1494 Broad St</u>		Street Address		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City	State Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 <u>Martha Santana</u>				Date <u>02-05-25</u>
Signature of Officer/Authorized Representative <u>Martha H. Santana</u>				

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

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FORM 631- Revised 04/2023

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BY 5A65Z