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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.

1. Entity ID Number: 001673989	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: adolscent Spring colors provided Formation to child(a)
4. NAICS Code: 448120	

6. Principal Office Address	City	State	Zip

Check the box to indicate an attachment ☐

7. List ALL officers (names and addresses)

President Name: Martha Santana			Vice-President Name: Genesis Santana		
Street Address: 1494 Broad ST			Street Address: 160 Fenner Ave		
City: Providence	State: RI	Zip: 02905	City: Cranston	State: RI	Zip: 02905
Secretary Name: Margarita Guzman			Treasurer Name: Angie Santana		
Street Address: 300 Gordon ST			Street Address: 20 Whipple court #F		
City: Providence	State: RI	Zip: 02905	City: East Providence	State: 02907	Zip:

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.

Check the box to indicate an attachment ☐

Director Name: Marcela Abreu			Director Name: Martha H Santana		
Street Address: 1494 Broad ST			Street Address: 160 Fenner Ave		
City: Providence	State: RI	Zip: 02905	City: Cranston	State: RI	Zip: 02905
Director Name: Martha Santana			Director Name:		
Street Address: 1494 Broad ST			Street Address:		
City: Providence	State: RI	Zip: 02905	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	Date
MARTHA SANTANA	02-05-25

Signature of Officer/Authorized Representative: Martha H Santana

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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FEB 05 2025
BY 5A65Z

FORM 631- Revised: 01/2023