



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

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- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 14932		2. Exact name of the Corporation STYLECRAFT, INC.			
3. Principal Office Address 1510 Pontiac Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 339910		6. Brief description of the character of business conducted in Rhode Island Selling and manufacturing jewelry			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Neil P. Berman			Vice-President Name Neil P. Berman		
Street Address 2898 N.W. 27th Avenue			Street Address 2898 N.W. 27th Avenue		
City Boca Raton	State FL	Zip 33434	City Boca Raton	State FL	Zip 33434
Secretary Name Neil P. Berman			Treasurer Name Neil P. Berman		
Street Address 2898 N.W. 27th Avenue			Street Address 2898 N.W. 27th Avenue		
City Boca Raton	State FL	Zip 33434	City Boca Raton	State FL	Zip 33434
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Neil P. Berman			Director Name		
Street Address 2898 N.W. 27th Avenue			Street Address		
City Boca Raton	State FL	Zip 33434	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	common	no par
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 Neil P. Berman					Date 3/3/22
Signature of Authorized Representative <i>Neil P. Berman</i>					