



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: 2024

Corporation \_\_\_\_\_

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

**FILED**

FEB 20 2024

BY 310558

|   |                    |   |   |                    |                       |
|---|--------------------|---|---|--------------------|-----------------------|
| 1. Entity ID Number<br><b>14932</b>   |                    | 2. Exact name of the Corporation<br><b>STYLECRAFT, INC.</b>   |   |                    |                       |
| 3. Principal Office Address<br><b>1510 Pontiac Avenue</b>   |                    |   | City<br><b>Cranston</b>   | State<br><b>RI</b> | Zip<br><b>02920</b>   |
| 4. NAICS Code<br><b>339910</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Selling and manufacturing jewelry</b> |   |                    |                       |
| 5. State of Incorporation<br><b>Rhode Island</b>  |                    |   |   |                    |                       |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                    |                       |
| President Name<br><b>Neil P. Berman</b>   |                    |   | Vice-President Name<br><b>Neil P. Berman</b>  |                    |                       |
| Street Address<br><b>2898 N.W. 27th Avenue</b>  |                    |   | Street Address<br><b>2898 N.W. 27th Avenue</b>  |                    |                       |
| City<br><b>Boca Raton</b>   | State<br><b>FL</b> | Zip<br><b>33434</b>   | City<br><b>Boca Raton</b>   | State<br><b>FL</b> | Zip<br><b>33434</b>   |
| Secretary Name<br><b>Neil P. Berman</b>   |                    |   | Treasurer Name<br><b>Neil P. Berman</b>   |                    |                       |
| Street Address<br><b>2898 N.W. 27th Avenue</b>  |                    |   | Street Address<br><b>2898 N.W. 27th Avenue</b>  |                    |                       |
| City<br><b>Boca Raton</b>   | State<br><b>FL</b> | Zip<br><b>33434</b>   | City<br><b>Boca Raton</b>   | State<br><b>FL</b> | Zip<br><b>33434</b>   |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                    |                       |
| Director Name<br><b>Neil P. Berman</b>  |                    |   | Director Name   |                    |                       |
| Street Address<br><b>2898 N.W. 27th Avenue</b>  |                    |   | Street Address  |                    |                       |
| City<br><b>Boca Raton</b>   | State<br><b>FL</b> | Zip<br><b>33434</b>   | City  | State              | Zip                   |
| Director Name   |                    |   | Director Name   |                    |                       |
| Street Address  |                    |   | Street Address  |                    |                       |
| City  | State              | Zip   | City  | State              | Zip                   |
| 9. Shares Authorized  |                    |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                       |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                    |   | NUMBER OF SHARES  | CLASS/SERIES       | PAR VALUE             |
|   |                    |   | <b>200</b>  | <b>common</b>      | <b>no par</b>         |
| 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. |                    |   |   |                    |                       |
| <b>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.</b>                                       |                    |   |   |                    |                       |
| Name of Authorized Representative<br><b>Neil P. Berman</b>  |                    |   |   |                    | Date<br><b>2/8/24</b> |
| Signature of Authorized Representative<br>  |                    |   |   |                    |                       |

**MAIL TO:**  
 Division of Business Services  
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