



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
(401) 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------|----------------------------|-----------------------|
| 1. Corporate ID No. 000667249 | | 2. Name of Corporation Love Nails And spa Inc | | |
| 3. Street Address Principal Business Office 1160 Post Rd | | City Warwick | State RI | Zip 02888 |
| 4. Business Phone No. | | 5. State of Incorporation RI | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island service - Nail salon | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name Jin, Honghua | | Vice President Name | | |
| Street Address 6 Sundown Lane | | Street Address | | |
| City Middletown | State RI | Zip 02842 | City | State |
| Secretary Name | | Treasurer Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name Jin, Honghua | | Director Name | | |
| Street Address 6 Sundown Lane | | Street Address | | |
| City Middletown | State RI | Zip 02842 | City | State |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 9. SHARES AUTHORIZED 200 | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| | | Number of Shares 0 | Class/Series CNP | Par Value 0 |

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.

FILED

File Date **FEB 09 2012**
 Check No. By **[Signature]**
 By: **1054**
 FOR SECRETARY OF STATE USE ONLY

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.

Signature **Hong Hu JIN** Date **01/22/12**
 Print or Type Name **Jin, Honghua**
 Title **president**