



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 134895		2. Exact name of the Corporation CITI NAILS, INC.			
3. Principal Office Address 783 Hope Street			City Providence	State RI	Zip 02903
4. NAICS Code 54 - Professional, Scientific, an		6. Brief description of the character of business conducted in Rhode Island To engage generally in the nail business, to generally deal in any and all nail preparation, manicuring and sculptured nails.			
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 Christina P. Chhay			Vice-President Name Christina P. Chhay		
Street Address 128 Hillwood Street			Street Address 128 Hillwood Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Christina P. Chhay			Treasurer Name Christina P. Chhay		
Street Address 128 Hillwood Street			Street Address 128 Hillwood Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christina P. Chhay			Director Name None		
Street Address 128 Hillwood Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES 400	CLASS/SERIES Common	PAR VALUE No Par Value
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 Christina P. Chhay				Date 2/14/2017	
Signature of Authorized Representative <i>Christina P. Chhay</i>					

SIGN DOCUMENT HERE

FILED

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 630 - Revised: 10/2016