



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

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
2018 JAN 19 PM 1:15

1. Entity ID Number <u>614150</u>		2. Exact name of the Corporation <u>ORCHID CORPORATION</u>	
3. Principal Office Address <u>175 Eddie Dowling Hwy Unit F</u>		City <u>North Smithfield</u>	State <u>RI</u>
4. NAICS Code <u>812113</u>		6. Brief description of the character of business conducted in Rhode Island <u>Manicurist Salon</u>	
5. State of Incorporation <u>RI</u>		7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment	
President Name <u>LEE VU</u>		Vice-President Name	
Street Address <u>6 Kinnicutt Rd S</u>		Street Address	
City <u>Worcester</u>	State <u>MA</u>	Zip <u>01602</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <input type="checkbox"/> Check the box to indicate an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>1500</u>	<u>CNP</u>
			<u>0.00</u>
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 <u>ANDY VU</u>		Date <u>1/19/2018</u>	
Signature of Authorized Representative 		FILED	