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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

1. Entity ID Number		2. Exact name of the Corporation					
651599	E Company	Unique Eyebrow Threading, Inc.					
3. Principal Office Address	Address				State	Žip	
25 Meeting Street			Cumberlan	d	RI	02864	
4. NAICS Code	6. Brief desci	Brief description of the character of business conducted in Rhode Island					
812112	Salon Limit	Salon Limited Service					
5. State of Incorporation							
Rhode Island	ŀ						
7. List ALL officers (names a	nd addresses)			Check	the box to i	indicate an attachment 🔲	
President Name Komal Singh	Vice-President Name None						
Street Address 25 Meeting St	Street Address						
City Cumberland	State RI	Z _{IP} 02864	City	City		Zip	
Secretary Name Komal Singh			Treasurer Name Komal Singh				
Street Address 25 Meeting St			Street Address 25 Meeting St				
City Cumberland	State RI	Zip 02864	City Cumberland		State RI	^{Zip} 02864	
8. List ALL directors (names	and addresses)	,		Check	the box to	indicate an attachment 🔲	
Director Name Komal Singh		-	Director Name				
Street Address 25 Meeting St			Street Address				
City Cumberland	State RI	Zip 02864	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
Chalc		Zıp	City	State		e Zip	
City	State	Zip	City		Otate	L.P	
9. Shares Authorized					Check the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIE	CLASS/SERIES PAR VAI UE		
		100		Common		No Par	
11. This report must be exectrustee, this report must be e	cuted on behalf of the	corporation by an	authorized repres	sentative. If the corp	oration is in	the hands of a receiver or	
Under penalty of perjury, I	declare and affirm	that I have examir	ned this report, i	ncluding any acco	mpanying s	schedules and	
statements, and that all sta		<u>l herein are true ai</u>	nd correct.	·	Date	<u></u>	
Name of Authorized Representative Komal Singh					January 18, 2018		
Signature of Authorized Rep	resentative				l		
Kned Sa	19	SIGN OF	COMENT 40 F	ILED			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 29 2018

FORM 630 - Revised: 10/2017