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.

1. Entity ID Number	2. Exact name of the Corporation
651599	Unique Eyebrow Threading, Inc.

3. Principal Office Address	City	State	Zip
25 Meeting Street	Cumberland	RI	02864

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812112	Salon Limited Service
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Komal Singh			Vice-President Name: None		
Street Address: 25 Meeting Street			Street Address:		
City: Cumberland	State: RI	Zip: 02864	City:	State:	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:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par

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	Date
Komal Singh	January 18, 2018

Signature of Authorized Representative: Komal Singh

SIGN DOCUMENT: 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

JAN 29 2018
BY 1550 QS

FORM 630 - Revised: 10/2017