

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 Corporation

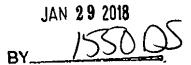
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00 → Penalty: Additional \$25.	00 fee if form is no	ot filed by April 1.					
1. Entity ID Number 651599		2. Exact name of the Corporation Unique Eyebrow Threading, Inc.					
3. Principal Office Address			City		State	Żip	
25 Meeting Street			Cumberland		RI	02864	
4. NAICS Code	6. Brief descr	iption of the charac	cter of business c	onducted in Rhode I	sland	•	
812112	Salon Limit	Salon Limited Service					
5. State of Incorporation	\dashv						
Rhode Island							
7. List ALL officers (names and	d addresses)	<u> </u>		Check	the box to in	dicate an attachment	
President Name Komal Singh			Vice-President	Name None			
Street Address 25 Meeting Street	Street Address						
City Cumberland	State RI	Z _{IP} 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 a	nd addresses)	·- <u>-</u> -	Discotos Nome		the box to in	dicate an attachment 🔲	
Director Name Komal Singh			Director Name				
Street Address 25 Meeting St	Street Address						
City Cumberland	State RI	Zip 02864	Сту		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
City	State	Zıp	City		State	Zip	
9. Shares Authorized			10. Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE No Par	
Changes require an additional f	filing.						
11. This report must be execut trustee, this report must be ex	ted on behalf of the	corporation by an	authorized repres	sentative. If the corporustee.	oration is in th	e hands of a receiver or	
Under penalty of perjury, I distatements, and that all stat	leclare and affirm	hat I have examir	ned this report, it	ncluding any accor		hedules and	
Name of Authorized Representative					Date		
Komal Singh		January 18, 2018					
Signature of Authorized Repre	esentative	CIPAL	aventikas Nerolis 🕶 i				
Komal Sa	12	(1, Ω (1,	COMEN: 4-F	ILEU			

MAIL TO:

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

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FORM 630 - Revised: 10/2017