



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

STAMP

Annual Report for the year: 2017
Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <u>001668108</u>		2. Exact name of the Limited Liability Company <u>CALIFORNIA NAILS AND SPA LLC</u>			
3. NAICS Code <u>812113</u>		4. Brief description of the character of business conducted in Rhode Island <u>Nails Salon</u>			
5. State of Formation <u>Central Falls - RI</u>					
6. Principal Office Address <u>361 Dexter street - Unit 7</u>		City <u>Central Falls</u>		State <u>RI</u>	Zip <u>02863</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Christine Quang</u>		Contact Title <u>Owner</u>			
Street Address <u>43 Jennings st</u>		City <u>Worcester</u>		State <u>MA</u>	Zip <u>01604</u>
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Christine Quang</u>		Manager Name <u>Christine Quang</u>			
Street Address <u>43 Jennings st</u>		Street Address <u>43 Jennings st</u>			
City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>	City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>
Manager Name <u>Christine Quang</u>		Manager Name <u>Christine Quang</u>			
Street Address <u>43 Jennings st</u>		Street Address <u>43 Jennings st</u>			
City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>	City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>
Check the box to indicate an attachment <input checked="" type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person <u>CHRISTINE QUANG</u>				Date <u>6/5/2018</u>	
Signature of Authorized Person <u>Christine Quang</u>				SIGN DOCUMENT HERE	

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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