RI SOS Filing Number: 201876687810 Date: 9/5/2018 4:00:00 PM

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State of Rhode Island and Providence Plantations Department of State - Business Services Division					MI SEP	RETA
Annual Report for the ye Corporation	ear: <u>2</u>	018			,	CEIVE RATIO
 → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 					βΠ (č. (HS DIV
1. Entity ID Number	2 Evact name (of the Corporation				.P
791589	Par	K Ave	nails	500		
3. Principal Office Address		•	Čity	· · · · ·	State	Zıp
1101 Park			crans	•	RI	02910
4 NAICS Code	Brief descript	ion of the character	r of business condi	ucted in Rhode Isla	and	
5. State of Incorporation	No	ail Ca	re.	•		
7. List ALL officers (names and ad-	dresses)	·		Check th	ne box to indica	te an attachment
President Name	Check the box to indicate an attachment Urce-President Name					
Young Jo						
Street Address 147-15 331d Ave.			Street Address			
City Flushing	State Y	²¹⁹ 11354	City	-	State	Zıp
Secretary Name	· · · · · · · /	<u> </u>	Treasurer Name		1	
Street Address			Street Address			
City	State	Zıp	City		State	Zip
8. List ALL directors (names and a	ddresses)		<u>.l</u>	Check th	ne hox to indica	te an attachment
D.rector Name	Director Name					
Street Address			Street Address			
City	State	Zıp	Cily		State	Zip
Director Name			Director Name			
Street Address			Street Address			
City	State	Zıp	City	<u>.</u>	State	Zip
9. Shares Authorized		10. Shares Issue	:d	Check th	ne box to indica	te an attachment
Shares Authorized This information is currently of reco	rd in the	NUMBER C# S		CLASS/SERIES		PAR VALUE
Department of State.		20	70		1	\sim
Changes require an additional filing.			,			
11. This report must be executed a	on hehalf of the an	rporation by an acid	horized tenses :-	tive If the same	ation in in the t	and of a
11. This report must be executed of	ed on behalf of the	riporation by an aut	monzed representa	sove, if the corpora	auon is in the ha	ands of a receiver or i
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 Representativ	e D		· · · · ·		Date Q/5	/10-
young Ja 3	ون رو	<u>u</u>	FILED		<u> </u>	10
Signature of Authorized Representative SEP 0 5 2018						
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MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615						

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