



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

Annual Report for the year: 2019
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 702374		2. Exact name of the Corporation Universal Nails, Inc.			
3. Principal Office Address 532 Kingstown Road			City South Kingstown	State RI	Zip 02879
4. NAICS Code 812113		6. Brief description of the character of business conducted in Rhode Island Nail Care			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sovanna Lao			Vice-President Name Sovanna Lao		
Street Address 532 Kingstown Road			Street Address 532 Kingstown Road		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Secretary Name Sovanna Lao			Treasurer Name Sovanna Lao		
Street Address 532 Kingstown Road			Street Address 532 Kingstown Road		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sovanna Lao			Director Name		
Street Address 532 Kingstown Road			Street Address		
City South Kingstown	State RI	Zip 02879	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	Common	No Par Value
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 Sovanna Lao					Date 1-5-19
Signature of Authorized Representative 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 09 2019
 BY **4970**