

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335 401,222,3040

Form 630 Rev. 12/03

2005

ROFIT CORPORATION ANNUAL	REPORT FOR THE YEAR
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Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) L. Corporate ID No. 2. Name of Corporation PARK AVENUE NAILS, INC. 134019 3. Street Address Principal Business Office City 02910 RI Cranston 629 Park Avenue 5. State of Incorporation 6. SIC Code 4 Business Phone No 401.996.9507 RHODE ISLAND 7. Birdef Description of the Character of Business Conducted in Rhode Island
PERSONAL AND PROFESSIONAL NAIL CARE SERVICES INCLUDING MANICURES, PEDICURES, NAIL CUTTING AND POLISHING ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name Murphy H. Tran Murphy H. Tran Street Address Street Address 629 Park Avenue 629 Park Avenue State City 02910 02910 Cranston RΙ RICranston Treusurer Name Secretary Name Murphy H. Tran Murphy H. Tran Street Address Street Address 629 Park Avenue 629 Park Avenue State 02910 RI RI02910 Cranston Cranston 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Siner Address Street Address Zip City 7.Ip State Director Name Director Name Street Address Sincer Address State Zip Zip City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Par Value Par Value Number of Shares Class/Series 1,500 NO PAR VALUE No Par 100Cannon This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 hergin and true and correct. FILED Signature of Officer Murphy H. Tran Print or Type Name of Officer President

Title of Officer



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134019		PARK AVENUE NAILS, INC.				
3. Street Address Principal Business Office 629 Park Avenue			Cranston	State RI	2η, (72910	
4. Business Phone No (401) 996–9507		5. State of Incorporation			6. SIC Coxle	
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File Date 2-12-04

Check No. 1803

By: FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affi including any accompanying schedules an contained herein are true and correct.	
Signature of Officer	- Feb-6-04
Signature of Office	Date /
Murphy H. Tran	
Print or Type Name of Officer	
President	
Title of Officer	Form 630 Rev. 12/03