



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.

FILED STAMP

MAR 04 2019

BY

7836 LD

1. Entity ID Number 152507		2. Exact name of the Corporation NAILS IN DETAIL & ECLECT - HIP SALON, INC.												
3. Principal Office Address 1665 HARTFORD AVENUE			City JOHNSTON	State RI	Zip 02919									
4. NAICS Code 454110		6. Brief description of the character of business conducted in Rhode Island HAIR/NAIL SALON												
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 MICHELLE CARDILLO - AUSTIN			Vice-President Name											
Street Address 30 FREEDOM COURT			Street Address											
City JOHNSTON	State RI	Zip 02919	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name MICHELLE CARDILLO - AUSTIN			Director Name											
Street Address 30 FREEDOM COURT			Street Address											
City JOHNSTON	State RI	Zip 02919	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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>600</td> <td>COMMON</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	600	COMMON	0.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
600	COMMON	0.00												
Changes require an additional filing.														
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 MICHELLE CARDILLO - AUSTIN				Date 1-25-19										
Signature of Authorized Representative <i>Michelle A Cardillo Austin</i>														

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov