



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

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 BUSINESS DIV

2019 SEP 11 A 9:37

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 <u>158061</u>		2. Exact name of the Corporation <u>Angell Nails, Inc.</u>			
3. Principal Office Address <u>15 South Angell Street</u>			City <u>Providence</u>	State <u>RI</u>	Zip <u>02906</u>
4. NAICS Code <u>812113</u>		6. Brief description of the character of business conducted in Rhode Island <u>Nail Salon</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Channary Men</u>			Vice-President Name		
Street Address <u>66 Leslie St</u>			Street Address		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	City	State	Zip
Secretary Name <u>Elaine C. Proeung</u>			Treasurer Name		
Street Address <u>6 Welfare Ave</u>			Street Address		
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			<u>100</u>		<u>\$0.01</u>
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 <u>Channary Men</u>				Date <u>9.11.19</u>	
Signature of Authorized Representative <u>[Signature]</u>				FILED <u>9:44</u> SEP 11 2019 BY <u>CA DPOAS</u>	

MAIL TO:
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