



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

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BUS S'CS DIV

2019 SEP 11 A 9:37

Annual Report for the year: 2018  
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>
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Channavy Men</u>		Vice-President Name	
Street Address <u>64 Leslie St</u>		Street Address	
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	
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>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
Changes require an additional filing.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>90.01</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>Channavy Men</u>		Date <u>9.11.19</u>	
Signature of Authorized Representative <u>[Signature]</u>			

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

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FORM 530 - Revised 10/2017