

State of Rhode Island and Providence Plantations  
Department of State - Business Services DivisionRECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIVAnnual Report for the year:  
Corporation2016

2019 SEP 11 A 9:37

- 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></u>
		PAR VALUE <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. <i>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.</i>			
Name of Authorized Representative <u>Channavy Men</u>		Date <u>9.11.19</u>	
Signature of Authorized Representative <u>[Signature]</u>			

FILED

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SEP 11 2019

BY Ch DPOAS