



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

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2019 SEP 11 A 9:37

Annual Report for the year: 2016
 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 158061		2. Exact name of the Corporation Angell Nails, Inc.			
3. Principal Office Address 15 South Angell Street			City Providence	State RI	Zip 02906
4. NAICS Code 812113		6. Brief description of the character of business conducted in Rhode Island 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 Chanbavy Men			Vice-President Name		
Street Address 64 Leslie St			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name Elaine C. Proeung			Treasurer Name		
Street Address 6 Welfare Ave			Street Address		
City Cranston	State RI	Zip 02910	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					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIES	PAR VALUE \$0.01
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 Chanbavy Men				Date 9.11.19	
Signature of Authorized Representative <i>[Signature]</i>					

FILED **9:40**

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

SEP 11 2019
 BY *DR POAS*