



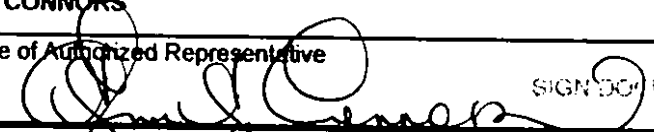
Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2019 DEC -4 AM 11:14

1. Entity ID Number 001674019		2. Exact name of the Corporation BEAUTIFUL INK CORP.			
3. Principal Office Address 1372 MENDON ROAD		City CUMBERLAND		State RI	Zip 02864
4. NAICS Code 812199		6. Brief description of the character of business conducted in Rhode Island PERMANENT MAKEUP AND TATTOO PARLOR TITLE: 7-1.2-1701			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name AMIE A CONNORS			Vice-President Name		
Street Address 1372 MENDON ROAD			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name AMIE A CONNORS			Treasurer Name AMIE A CONNORS		
Street Address 1372 MENDON ROAD			Street Address 1372 MENDON ROAD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name AMIE A CONNORS			Director Name		
Street Address 1372 MENDON ROAD			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			1000 CWP 1.00		
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 AMIE A CONNORS					Date 11-23-19
Signature of Authorized Representative 					

DEC 04 2019

BY 10DWL
A.A. 11:16 A.M.