



State of Rhode Island and Providence Plantations

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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 BUS SVCS DIV

2020 FEB 26 P 2:15

STAMP

1. Entity ID Number 001687952		2. Exact name of the Corporation AfterGlow Tanning & Beauty, Inc.			
3. Principal Office Address 295 Main Road			City Tiverton	State RI	Zip 02878
4. NAICS Code 812199	6. Brief description of the character of business conducted in Rhode Island UV tanning, spray tanning, and eyelash extensions				
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 Kayleigh Murphy			Vice-President Name Kayleigh Murphy		
Street Address 295 Main Road			Street Address 295 Main Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Kayleigh Murphy			Treasurer Name Kayleigh Murphy		
Street Address 295 Main Road			Street Address 295 Main Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kayleigh Murphy			Director Name		
Street Address 295 Main Road			Street Address		
City Tiverton	State RI	Zip 02878	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		
			CLASS/STRIKES		
			0.00	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 Kayleigh Murphy					Date 01/30/2020
Signature of Authorized Representative <i>Kayleigh Murphy</i>					

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 630 - Revised: 10/2017