



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021  
Corporation

FILED STAMP

FEB 12 2021

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- 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 152507		2. Exact name of the Corporation NAILS IN DETAIL & ECLECT - HIP SALON, INC.			
3. Principal Office Address 1665 HARTFORD AVENUE			City JOHNSTON		State RI
4. NAICS Code 454110		6. Brief description of the character of business conducted in Rhode Island HAIR/NAIL SALON			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name MICHELLE CARDILLO - AUSTIN			Vice-President Name		
Street Address 30 FREEDOM COURT			Street Address		
City JOHNSTON		State RI	Zip 02919		
Secretary Name			Treasurer Name		
Street Address			Street Address		
City		State	Zip		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name MICHELLE CARDILLO - AUSTIN			Director Name		
Street Address 30 FREEDOM COURT			Street Address		
City JOHNSTON		State RI	Zip 02919		
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip		
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 600	CLASS/SERIES COMMON	PAR VALUE 0.00
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. <b>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.</b>					
Name of Authorized Representative MICHELLE CARDILLO - AUSTIN - PRESIDENT				Date 1-30-2021	
Signature of Authorized Representative <i>Michelle Cardillo Austin</i>					

MAIL TO:  
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