RI SOS Filing Number: 202193279610 Date: 2/25/2021 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty Additional \$25 00 fee if form is not filed by April 1.



FEB 2 5 2021

1559

1 Entity ID Number	2 Evact name	of the Corneration					
001687952	2 Exact name of the Corporation AfterGlow Tanning & Beauty, Inc.						
00 1667 952	AiterGlow	ranning & E	seauty, inc.				
3 Principal Office Address			City		State	Zip	
295 Main Road			Tiverton		RI	02878	
4 NAICS Code	6 Brief description of the character of business conducted in Rhode Island						
812199	UV tanning, spray tanning, and eyelash extensions						
5. State of Incorporation	1						
Rhode Island							
7 List ALL officers (names and add	resses)			Check	the box to ir	ndicate an attachment 🔲	
President Name Kayleigh Murphy			Vice-President Name Kayleigh Murphy				
Street Address 295 Main Road			Street Address 295 Main Road				
City Tiverton	State RI	Zıp 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 S		State RI	State RI Zip 02878	
8. List ALL directors (names and ad	dresses)			Check	the box to in	ndicate an attachment 🔲	
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	Zıp	City		State	Zıp	
9 Shares Authorized	<u> </u>	140.05			Ab . t . t .		
This information is currently of record in the		10. Shares Issued NUMBER OF SHARES		Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
Department of State.		0.00		CWP		\$1.00	
Changes require an additional filing.		<u> </u>					
11. This report must be executed or	behalf of the co	I propration by an a	uthorized renres	entative. If the corpr	oration is in t	he hands of a receiver or	
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 declar	e and affirm tha	it I have examine	ed this report, in		npanying so	chedules and	
Statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
Kayleigh Murphy 2/18/2021							
Signature of Authorized Representa			 -			1	
Kanzlingh M	why						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov