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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 25 2021
BY 6197

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.

1. Entity ID Number	2. Exact name of the Corporation		
702374	Universal Nails, Inc.		
3. Principal Office Address	City	State	Zip
532 Kingstown Road	South Kingstown	RI	02879
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
812113	Nail care		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Sovanna Lao			Vice-President Name: Sovanna Lao		
Street Address: 532 Kingstown Road			Street Address: 532 Kingstown Road		
City: South Kingstown	State: RI	Zip: 02879	City: South Kingstown	State: RI	Zip: 02879
Secretary Name: Sovanna Lao			Treasurer Name: Sovanna Lao		
Street Address: 532 Kingstown Road			Street Address: 532 Kingstown Road		
City: South Kingstown	State: RI	Zip: 02879	City: South Kingstown	State: RI	Zip: 02879

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Sovanna Lao			Director Name		
Street Address: 532 Kingstown Road			Street Address		
City: South Kingstown	State: RI	Zip: 02879	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.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par Value

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	Date
Sovanna Lao	2-24-21

Signature of Authorized Representative: Sovanna Lao

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov