



State of Rhode Island

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.

FILED

FEB 25 2021

BY

6197

1. Entity ID Number 702374		2. Exact name of the Corporation Universal Nails, Inc.			
3. Principal Office Address 532 Kingstown Road			City South Kingstown	State RI	Zip 02879
4. NAICS Code 812113		6. Brief description of the character of business conducted in Rhode Island 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			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Sovanna Lao					Date 2-24-21
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020