State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
FEB 26 2021
BY

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
134895	**CITI NAILS, INC.**

3. Principal Office Address	City	State	Zip
783 Hope Street	**Providence**	**RI**	**02903**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812113	**To engage generally in the nail business, to generally deal in any and all nail preparation, manicuring and sculptured nails.**
5. State of Incorporation: **Rhode Island**	

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

President Name: **Christina P. Chhay**			Vice-President Name: **Christina P. Chhay**		
Street Address: 38 Paliotta Parkway			Street Address: 38 Paliotta Parkway		
City: **Cranston**	State: **RI**	Zip: **02920**	City: **Cranston**	State: **RI**	Zip: **02920**
Secretary Name: **Christina P. Chhay**			Treasurer Name: **Christina P. Chhay**		
Street Address: 38 Paliotta Parkway			Street Address: 38 Paliotta Parkway		
City: **Cranston**	State: **RI**	Zip: **02920**	City: **Cranston**	State: **RI**	Zip: **02920**

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

Director Name: **Christina P. Chhay**			Director Name: **None**		
Street Address: 38 Paliotta Parkway			Street Address:		
City: **Cranston**	State: **RI**	Zip: **02920**	City:	State:	Zip:
Director Name: **None**			Director Name: **None**		
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
400	**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
Christina P. Chhay	1/28/21

Signature of Authorized Representative

SIGN DOCUMENT HERE

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: 10/2017