

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

MAR 09 2021

BY M21-OS

1 Entity ID Number 000983059		2 Exact name of the Corporation FOXY NAILS & SPA, INC.				
3 Principal Office Address 540 RESERVOIR AVE - UNIT C			City CRANSTON	State RI	Zip 02910	
4 NAICS Code 812113		6 Brief description of the character of business conducted in Rhode Island				
5 State of Incorporation RI		NAIL SALON & SPA				
7. List ALL officers (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>	
President Name DAMNAK SOEUNG			Vice-President Name			
Street Address 52 ALTHEA STREET			Street Address			
City PROVIDENCE	State RI	Zip 02907	City	State	Zip	
Secretary Name DAMNAK SOEUNG			Treasurer Name DAMNAK SOEUNG			
Street Address 52 ALTHEA STREET			Street Address 52 ALTHEA STREET			
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907	
8. List ALL directors (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>	
Director Name DAMNAK SOEUNG			Director Name			
Street Address 52 ALTHEA STREET			Street Address			
City PROVIDENCE	State RI	Zip 02907	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				<input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		100		CNP	0	
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 <u>Damnak Soeung</u>					Date 3-3-21	
Signature of Authorized Representative DAMNAK SOEUNG						

MAIL TO:

Division of Business Services

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

Phone: (401) 222 3040

Website: www.sos.ri.gov