



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.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 DEC 14 AM 10:37

1. Entity ID Number 001693916		2. Exact name of the Corporation Buth-Na- Bodhaige, Inc.				
3. Principal Office Address 148 LAFAYETTE STREET 5TH FLOOR			City NEW YORK	State NY	Zip 10013	
4. NAICS Code 446120		6. Brief description of the character of business conducted in Rhode Island Cosmetics Retailer				
5. State of Incorporation Virginia						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>	
President Name Nicolas Debray			Vice-President Name Hilary Lloyd			
Street Address 148 LAFAYETTE STREET 5TH FLOOR			Street Address 148 LAFAYETTE STREET 5TH FLOOR			
City NEW YORK	State NY	Zip 10013	City NEW YORK	State NY	Zip 10013	
Secretary Name Benoit Mennegand			Treasurer Name Benoit Mennegand			
Street Address 148 LAFAYETTE STREET 5TH FLOOR			Street Address 148 LAFAYETTE STREET 5TH FLOOR			
City NEW YORK	State NY	Zip 10013	City NEW YORK	State NY	Zip 10013	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Nicolas Debray			Director Name Benoit Mennegand			
Street Address 148 LAFAYETTE STREET 5TH FLOOR			Street Address 148 LAFAYETTE STREET 5TH FLOOR			
City NEW YORK	State NY	Zip 10013	City NEW YORK	State NY	Zip 10013	
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	
		3,000		CNP	0.0000	
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 Bradley Slenker				Date 12/10/2021		
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

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ADDITIONAL OFFICERS

Title:

Vice President, Human Resources

Name:

Celeste Thompson

Address:

148 Lafayette Street

5th Floor

New York, NY 10013

Title:

Vice President, Finance

Name:

Benoit Mennegand

Address:

148 Lafayette Street

5th Floor

New York, NY 10013