

State of Rhode Island
Department of State - Business Services Division

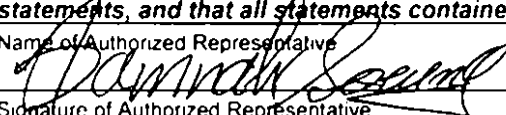
Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 09 2022
BY 1637
DS

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 NAIL SALON & SPA			
5 State of Incorporation RI					
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 100		CLASS/SERIES CNP
			PAR VALUE 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 					Date 3/6/22
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