



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

Amended

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 MAR 24 PM 1:04

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>001736853</u>		2. Exact name of the Corporation <u>Saigon Nails Inc</u>			
3. Principal Office Address <u>28 Freedom Ct</u>			City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>
4. NAICS Code <u>812</u>		6. Brief description of the character of business conducted in Rhode Island <u>perform manicure and pedicure service.</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Hau P. Huynh</u>			Vice-President Name <u>N/A</u>		
Street Address <u>28 Freedom Ct</u>			Street Address		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City	State	Zip
Secretary Name <u>N/A</u>			Treasurer Name <u>N/A</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>N/A</u>			Director Name <u>N/A</u>		
Street Address			Street Address		
City	State	Zip	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/SLRILS	
		<u>0</u>		<u>0</u>	
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>Hau P. Huynh</u>				Date <u>3/17/22</u>	
Signature of Authorized Representative <u>Hau Huynh</u>				FILED MAR 24 2023	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY [Signature]



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

March 24, 2023 01:04 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

