



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

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

RECEIVED  
R.I. DEPT. OF STATE  
BUSINESS DIVISION

1 Entity ID Number <b>000788364</b>		2 Exact name of the Corporation <b>ROYAL EYEBROWS THREADING, INC.</b>			
3 Principal Office Address <b>39 PHENIX AVENUE</b>		City <b>CRANSTON</b>		State <b>RI</b>	Zip <b>02910</b>
4 NAICS Code <b>446120</b>		6. Brief description of the character of business conducted in Rhode Island <b>COSMETIC</b>			
5 State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>SUKHJIT KAUR MAVI</b>			Vice-President Name		
Street Address <b>10 OLD STAGE COACH RD</b>			Street Address		
City <b>ATTLEBORO</b>	State <b>MA</b>	Zip <b>02703</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES <b>1000.00</b>		
			CLASS/SERIES <b>CNP</b>		
			PAR VA: U/I <b># 0.0000</b>		
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. <b>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.</b>					
Name of Authorized Representative <b>SUKHJIT KAUR MAVI</b>			Date <b>12/08/2023</b>		
Signature of Authorized Representative <i>Sukhjit Kaur Mavi</i>			<b>DEC 11 2023</b> <b>BY HDTKA</b>		

MAIL TO:  
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