



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.

RECD RI SOS BSD 17:51:14 PM 1/31/24

1. Entity ID Number <u>0016844161</u>		2. Exact name of the Corporation <u>Touch hair & nail salon, INC</u>		
3. Principal Office Address <u>683 park ave c</u>		City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>
4. NAICS Code <u>812113</u>		6. Brief description of the character of business conducted in Rhode Island <u>NAIL SALON</u>		
5. State of Incorporation <u>RI</u>				
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name <u>Gregory Touch</u>		Vice-President Name		
Street Address <u>23 Ashley CT</u>		Street Address		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City	State
Secretary Name <u>Gregory Touch</u>		Treasurer Name <u>SREGROTH TOUCH</u>		
Street Address <u>23 Ashley CT RI</u>		Street Address <u>23 Ashley CT</u>		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Johnston</u>	State <u>RI</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
Director Name <u>SREGROTH TOUCH</u>		Director Name		
Street Address <u>23 Ashley CT</u>		Street Address		
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>				
This information is currently of record in the Department of State.		10. Shares Issued		
Changes require an additional filing.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES	PAR VALUE <u>0.00</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>[Signature]</u>			Date <u>01/31/24</u>	
Signature of Authorized Representative			FILED <u>116</u>	

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

JAN 31 2024
BY HKmzt
FORM 630- Revised: 04/2023