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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.

1. Entity ID Number	2. Exact name of the Corporation			
001584464	Touch hair & nail Salon INC			
3. Principal Office Address		City	State	Zip
683 park ave C		Cranston	RI	02910
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
812113	NAIL SALON			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Sreyroth Touch					
Street Address			Street Address		
23 Ashley CT					
City	State	Zip	City	State	Zip
John Ston	RI	02919			
Secretary Name			Treasurer Name		
Sreyroth Touch			SREYROTH TOUCH		
Street Address			Street Address		
23 Ashley CT RI 02919			23 Ashley CT		
City	State	Zip	City	State	Zip
John Ston	RI		John Ston	RI	02919

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
SREYROTH TOUCH					
Street Address			Street Address		
23 Ashley CT					
City	State	Zip	City	State	Zip
John Ston	RI	02919			
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100		0.00

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
	01/31/24
Signature of Authorized Representative	
FILED 1:15	

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 HKm26 KS

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