



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

REC'D RHODES BSD
24 JAN 31 AM 10:52:31

1. Entity ID Number 001750592	2. Exact name of the Corporation Mimi Fashion Inc.
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3. Principal Office Address 51 SILVER SPRING	City PROVIDENCE	State RI	Zip 02904
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4. NAICS Code 812113	6. Brief description of the character of business conducted in Rhode Island do nail, ped, wax
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MIMI MAI TRUONG			Vice-President Name		
Street Address 248 S. MAIN ST.			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Secretary Name			Treasurer Name		
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			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 This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NUMBER OF SHARES</th> <th style="width: 40%;">CLASS/SERIES</th> <th style="width: 20%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1000</td> <td></td> <td style="text-align: center;">0</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000		0			
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1000		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 MIMI MAI TRUONG	Date 01/31/2024
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Signature of Authorized Representative 	JAN 31 2024
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FILED 1052
BY Y45T

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