



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.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|--------------|
| 1. Entity ID Number<br>001680102                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                               | 2. Exact name of the Corporation<br>The aurora nail lounge Inc                                                        |                     |                    |              |
| 3. Principal Office Address<br>229 waterman street                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                               | City<br>providence                                                                                                    |                     | State<br>RI        | Zip<br>02906 |
| 4. NAICS Code<br>812113                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6. Brief description of the character of business conducted in Rhode Island<br>offers nail care services such as manicures, pedicures, and nail enhancements. |                                                                                                                       |                     |                    |              |
| 5. State of Incorporation<br>RI                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                               |                                                                                                                       |                     |                    |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                               |                                                                                                                       |                     |                    |              |
| President Name Zhenlan Liu                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               |                                                                                                                       | Vice-President Name |                    |              |
| Street Address 229 waterman street                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                               |                                                                                                                       | Street Address      |                    |              |
| City Providence                                                                                                                                                                                                                                                                                                                                                                                                                                                  | State RI                                                                                                                                                      | Zip 02906                                                                                                             | 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.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                               | NUMBER OF SHARES                                                                                                      |                     | CLASS/SERIES       | PAR VALUE    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                               | 200                                                                                                                   |                     |                    | 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.<br><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<br>Zhenlan Liu                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                               |                                                                                                                       |                     | Date<br>01/22/2024 |              |
| Signature of Authorized Representative<br>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                               |                                                                                                                       |                     |                    |              |

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