REDNAILS 03/06/2024 11 37 AM

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.

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3753 2

1. Entity ID Number	2. Exact name of the Corporation			
001693998	RED NAILS & SPA, INC.			
3. Principal Office Address		City	State	Zip
1720 MINERAL SPRING AVENUE		NORTH PROVIDENCE	RI	02904
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
812113				
5. State of Incorporation				
RI	NAIL SALON			

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

President Name			Vice-President Name		
SREYOUN RET					
Street Address			Street Address		
6 EDWARDS AVE					
City	State	Zip	City	State	Zip
JOHNSTON	RI	02919			
Secretary Name			Treasurer Name		
SREYOUN RET			SREYOUN RET		
Street Address			Street Address		
6 EDWARDS ROAD			6 EDWARDS ROAD		
City	State	Zip	City	State	Zip
JOHNSTON	RI	02919	JOHNSTON	RI	02919

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

Director Name			Director Name		
SREYOUN RET					
Street Address			Street Address		
6 EDWARDS ROAD					
City	State	Zip	City	State	Zip
JOHNSTON	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	COMMON	

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
Sreyoun	03.06.24
Signature of Authorized Representative	
SREYOUN RET	

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