

**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

FILED
MAR 18 2024
BY *CP 1493*

| | | | | | |
|--|-------------|---|------------------------------------|--------------|--------------------------|
| 1. Entity ID Number 000983059 | | 2. Exact name of the Corporation FOXY NAILS & SPA, INC. | | | |
| 3. Principal Office Address 540 RESERVOIR AVE - UNIT C | | | City CRANSTON | State RI | Zip 02910 |
| 4. NAICS Code 812113 | | 6. Brief description of the character of business conducted in Rhode Island NAIL SALON & SPA | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment | | | | | <input type="checkbox"/> |
| President Name DAMNAK SOEUNG | | | Vice-President Name | | |
| Street Address 52 ALTHEA STREET | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02907 | City | State | Zip |
| Secretary Name DAMNAK SOEUNG | | | Treasurer Name DAMNAK SOEUNG | | |
| Street Address 52 ALTHEA STREET | | | Street Address 52 ALTHEA STREET | | |
| City PROVIDENCE | State RI | Zip 02907 | City PROVIDENCE | State RI | Zip 02907 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment | | | | | <input type="checkbox"/> |
| Director Name DAMNAK SOEUNG | | | Director Name | | |
| Street Address 52 ALTHEA STREET | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02907 | City | State | Zip |
| 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. Changes require an additional filing. | | NUMBER OF SHARES | | CLASS/SERIES | PAR VALUE |
| | | 100 | | CNP | 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 <i>Damnak Soeung</i> | | | | | Date 02/26/24 |
| Signature of Authorized Representative DAMNAK SOEUNG | | | | | |

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