



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**

MAY 08 2024

BY 1581

|  |             |   |                     |                    |              |
|--|-------------|---|---------------------|--------------------|--------------|
| 1. Entity ID Number<br>000651599   |             | 2. Exact name of the Corporation<br>Unique Eyebrow Threading Inc  |                     |                    |              |
| 3. Principal Office Address<br>3057 Diamond Hill Rd  |             |   | City<br>Cumberland  | State<br>RI        | Zip<br>02864 |
| 4. NAICS Code<br>812122  |             | 6. Brief description of the character of business conducted in Rhode Island<br><i>beauty salon</i>                    |                     |                    |              |
| 5. State of Incorporation<br>Rhode Island  |             |   |                     |                    |              |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |                     |                    |              |
| President Name<br>Komal Singh  |             |   | Vice-President Name |                    |              |
| Street Address<br>3057 Diamond Hill Rd   |             |   | Street Address      |                    |              |
| City<br>Cumberland   | State<br>RI | Zip<br>02864  | 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<br>Komal Singh   |             |   | Director Name       |                    |              |
| Street Address<br>3057 Diamond Hill Rd   |             |   | Street Address      |                    |              |
| City<br>Cumberland   | State<br>RI | Zip<br>02864  | 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       |              |
|  |             | 100   |                     | Common             |              |
|  |             |   |                     | PAR VALUE          |              |
|  |             |   |                     | 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>Komal Singh   |             |   |                     | Date<br>04/24/2024 |              |
| Signature of Authorized Representative<br><i>Komal Singh</i>   |             |   |                     |                    |              |

MAIL TO:  
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