



State of Rhode Island  
Department of State - Business Services Division

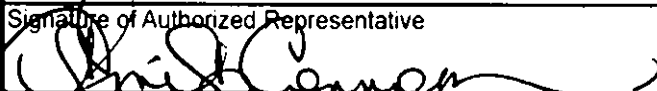
Annual Report for the year: 2023

Corporation

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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.

2024 JUL 26 AM 11:27

1. Entity ID Number 001674019		2. Exact name of the Corporation Beautiful Ink Corp.			
3. Principal Office Address 2364 Diamond Hill Rd, Unit 1			City Cumberland	State RI	Zip 02864
4. NAICS Code 812199		6. Brief description of the character of business conducted in Rhode Island permanent makeup and tattoo parlor			
5. State of Incorporation 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 Amie Connors			Vice-President Name none		
Street Address 220 Railroad St			Street Address		
City Manville	State RI	Zip 02838	City	State	Zip
Secretary Name none			Treasurer Name none		
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 none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name none			Director Name none		
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.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000	CWP	\$1.00	
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. <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 Amie Connors					Date 7/22/2024
Signature of Authorized Representative 					<b>FILED</b>

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

AA. 11:29 AM  
JUL 26 2024  
BY OQJFS