State of Rhode Island Fee: \$50.00
Office of the Secretary of State
Division Of Business Services
148 W. River Street Providence RI 02904-2615
1636 (401) 222-3040
Business Corporation Annual Report Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024
1. Corporate ID No. 001715544
2. Name of Corporation JT NAILS SPA 2 INC
3. Street Address Principal Business Office:
No. and Street: 900 VICTORY HIGHWAY
City or Town: NORTH SMITHFIELD State: <u>RI</u> Zip: <u>02896</u> Country: <u>USA</u>
4. Business Phone No.
<u>4014899972</u>
5. State of Incorporation
State: <u>RI</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>812113</u>
6. Brief Description of the Character of Business Conducted in Rhode Island
OPENING NEW NAILS SALON BUSINESS.
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Class of Stock Series of Stock Par Value Per Share Total Authorized Shares and Outstanding Nume of Shares CNP \$0.0000 20,000.00 0 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 f the corporation by the receiver or trustee. 0 igned this 12 Day of September, 2024 at 10:08:53 PM. This electronic signature of the adividual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the ct and deed of the corporation, and that the facts stated herein are true, as of the date of the lectronic filing, in compliance with R.I. Gen. Laws § 7-1.2. ty JASON NGUYEN Signature of Authorized Representative of the Corporation		Individual Name First, Middle, Last, Suffix		Address Address, City or Town, State, Zip Code, Country		
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2 2007 - 2024 State of Rhode Island	•	ed Representative of the	he Cornor	ation		
	Signature of Authorize	1	ne corpor	ation		
	orm No. 630	-				
	orm No. 630 evised 09/07 © 2007 - 2024 State of Rhode Island All Rights Reserved	-				