



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV.
2024 DEC 19 AM 11:28

Annual Report for the year: **2024**
Corporation

2024 DEC -4 AM 10:10 2024 DEC 19 AM 11:28

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

1. Entity ID Number 001758616		2. Exact name of the Corporation COZY NAIL INC			
3. Principal Office Address 294 COWESETT AVE STE 3			City WEST WARWICK	State RI	Zip 02893
4. NAICS Code 812113		6. Brief description of the character of business conducted in Rhode Island IT IS A NAIL SALON.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name YUCHI ZHONG			Vice-President Name		
Street Address 95 CRICKETT CIR			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		5.000		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 YUCHI ZHONG				Date 11/18/2024	
Signature of Authorized Representative <i>Yuchi Zhong</i>				FILED	

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

DEC 19 2024
BY **TRAVV** AM.
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