

RI SOS Filing Number: 202563361400 Date: 1/27/2025 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025  
Corporation

→ Filing period February 1 - May 1

→ Filing Fee \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FIELD

JAN 27 2025

BY 1714 *12*

1 Entity ID Number <b>001695227</b>		2 Exact name of the Corporation <b>LEE'S NAILS, INC.</b>						
3 Principal Office Address <b>75 OLD TOWER ROAD</b>			City <b>WAKEFIELD</b>		State <b>RI</b>			
			Zip <b>02879</b>					
4 NAICS Code <b>812113</b>		6 Brief description of the character of business conducted in Rhode Island  <b>NAIL SALON</b>						
5 State of Incorporation <b>RI</b>								
7 List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>			
President Name <b>BUNTHAN THOMAS</b>			Vice-President Name					
Street Address <b>512 CENTRAL PIKE</b>			Street Address					
City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City	State	Zip			
Secretary Name <b>BUNTHAN THOMAS</b>			Treasurer Name <b>BUNTHAN THOMAS</b>					
Street Address <b>512 CENTRAL PIKE</b>			Street Address <b>512 CENTRAL PIKE</b>					
City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>			
8 List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <b>BUNTHAN THOMAS</b>			Director Name					
Street Address <b>512 CENTRAL PIKE</b>			Street Address					
City <b>NORTH SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City	State	Zip			
Director Name <b>BUNTHAN THOMAS</b>			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9 Shares Authorized			10. Shares Issued					
This information is currently of record in the Department of State.  Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>					
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">COMMON</td> <td></td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
100	COMMON							
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 <i>Bunth Thomas</i>					Date <b>01-22-25</b>			
Signature of Authorized Representative <b>BUNTHAN THOMAS</b>								

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615