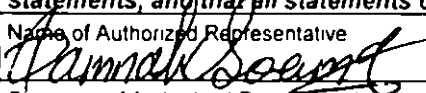


State of Rhode Island
Department of State - Business Services Division

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

FILED
MAR 19 2025
BY 157

1. Entity ID Number 000983059		2. Exact name of the Corporation FOXY NAILS & SPA INC			
3. Principal Office Address 540 RESERVOIR AVE - UNIT C			City CRANSTON	State RI	Zip 02910
4. NAICS Code 812113		6. Brief description of the character of business conducted in Rhode Island NAIL SALON & SPA			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAMNAK SOEUNG			Vice-President Name		
Street Address 52 ALTHEA STREET			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Secretary Name DAMNAK SOEUNG			Treasurer Name DAMNAK SOEUNG		
Street Address 52 ALTHEA STREET			Street Address 52 ALTHEA STREET		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DAMNAK SOEUNG			Director Name		
Street Address 52 ALTHEA STREET			Street Address		
City PROVIDENCE	State RI	Zip 02907	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
			100	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 					Date 03/09/25
Signature of Authorized Representative DAMNAK SOEUNG					

MAIL TO:

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