



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

JUN 02 2025

BY

11036

RECEIVED  
RI DEPT. OF STATE  
BUS. SERVICES DIV.

1. Entity ID Number 000134019		2. Exact name of the Corporation park avenue nails inc		2025 JUN -2 P 4: 09	
3. Principal Office Address 629 Park avenue			City cranston	State ri	Zip 02910
4. NAICS Code 812113		6. Brief description of the character of business conducted in Rhode Island Nail Salon			
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 Thien Tran			Vice-President Name Thien Tran		
Street Address 629 Park Avenue			Street Address 629 Park Ave		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Thien Tran			Treasurer Name Thien Tran		
Street Address 629 Park Ave			Street Address 629 Park Ave		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
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		
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 <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		
			100	Common	No Par
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 Thien Tran				Date 05/01/2025	
Signature of Authorized Representative 					

MAIL TO:  
Division of Business Services  
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