State of Rhode Island Department of State - Business Services Division					RECUE		
Annual Report for the year					ر.)	620°	
Corporation	<u>Lol</u>	<u>.</u>			88		
→ Filing period: February	v 1 - Mav 1				Ç	ੂਲ ''	
→ Filing Fee: \$50.00	, 1 - Way 1				5	850	
→ Penalty: Additional \$25	00 fee if form is	not filed by May	31		ċ	; ర	
Entity ID Number		me of the Corpora				3	
001667334		JT Nail Spa Inc City Compression RI					
3. Principal Office Address					State	Zip	
2000 Me	. 1	1	Cur	herland	RI	0286	
4. NAICS Code				s conducted in Rhode			
812113	o. Bilei des	scription of the cha	aracter or busines	s conducted in Knode	isianu		
5. State of Incorporation			_				
21		1 Vai	1 50	lon			
7-3-		<u> </u> Λα	1	· · · · · · · · · · · · · · · · · · ·			
7. List ALL officers (names an	d addresses)		lites Dessi		ox to indicate an	attachment 🗀	
President Name ういらいへ	114.	<i>a</i>	Vice-Presid	ent Name			
Street Address	rante	/(Street Add				
733 41/2	2	,	Sileet Audi	1000			
City	State	Zip	City		State	Zip	
1) Attlebox	m PA	027					
Secretary Name	<u> </u>		Treasurer I	Name	1	<u> </u>	
,							
Street Address			Street Add	ress			
City	State	Zip	City		State	Zip	
					1		
8. List ALL directors (names a	ind addresses)				ox to indicate an	attachment	
Director Name			Director Na	ame			
Street Address			Ctroot Add				
Sileet Address			Street Add	ress			
City	State	Zip	City		State	Zip	
	State	2'	City		Siale	12.10	
Director Name			Director Na	ıme			
Street Address	Street Add	Street Address					
			<u> </u>				
Спу	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares			pox to indicate an		
This information is currently of Department of State.	record in the	NUMBE	ER O: SHARES	CLASS/SERIE	:s	PAR VALUE	
Department of State.							
Changes require an additional filing.					· · · · · · · · · · · · · · · · · · ·		
		J					
11. This report must be execu	ted on behalf of th	ne corporation by	an authorized rep	resentative. If the corpo	oration is in the h	ands of a re-	
ceiver or trustee, this report m							
Under penalty of perjury, I d				t, including any accor	mpanying sched	lules and	
statements, and that all stat	ements containe	ed herein are true	and correct.		TD-4-		
Name of Authorized Represer			Date	<i></i>			
Signature of Authorized Repre			1 7-9	-25			
Signature of Authorized Repre	esentative		<u> </u>			<u> </u>	
,		_	₽.				

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 0 9 onos

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