



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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1. Entity ID Number 001024979		2. Exact name of the Corporation MAGIC NAILS INC			
3. Principal Office Address 56 INTERVALE AVE			City NORTH PROVIDENCE	State RI	Zip 02911
4. NAICS Code 812113		6. Brief description of the character of business conducted in Rhode Island NAIL SALON THAT PROVIDE PRIMARY SERVICES INCLUDING MANICURE AND PEDICURE.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NGA THANH CAO			Vice-President Name NGA THANH CAO		
Street Address 56 INTERVALE AVE			Street Address 56 INTERVALE AVE		
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH PROVIDENCE	State RI	Zip 02911
Secretary Name NGA THANH CAO			Treasurer Name NGA THANH CAO		
Street Address 56 INTERVALE AVE			Street Address 56 INTERVALE AVE		
City NORTH PROVIDENCE	State RI	Zip 02911	City NORTH PROVIDENCE	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NGA THANH CAO			Director Name		
Street Address 56 INTERVALE AVE			Street Address		
City NORTH PROVIDENCE	State RI	Zip 02911	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
		275000		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. <i>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.</i>					
Name of Authorized Representative NGA THANH CAO				Date 05/24/2020	
Signature of Authorized Representative FILED ^m					

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

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