

**2019 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

219112823--7/26/2019

219112823



1. CORPORATION NAME:  
TM NAIL SALON at 2440 Ltd. DUE DATE: 09/30/19
2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR. SCC ID NO.: 0782056-6  
THU THAO THI NGUYEN  
2440 N. HARRISON ST  
ARLINGTON, VA 22207
5. TOTAL NUMBER OF AUTHORIZED SHARES: 1,000
3. CITY OR COUNTY OF VA REGISTERED OFFICE:  
106-ARLINGTON COUNTY
4. STATE OR COUNTRY OF INCORPORATION:  
VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 2440 N.HARRISON ST	ADDRESS:
CITY/ST/ZIP ARLINGTON BLVD, VA 22007	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.  
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/>
NAME: CON DUONG	NAME: THAO NGUYEN
TITLE: PRESIDENT	TITLE: PRESIDENT
ADDRESS: 2440 N. HARRISON ST	ADDRESS: 2440 N HARRISON ST
CITY/ST/ZIP: ARLINGTON, VA 22007	CITY/ST/ZIP: ARLINGTON, VA 22207

I affirm that the information contained in this report is accurate and complete as of the date below.

 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THAO NGUYEN PRINTED NAME AND CORPORATE TITLE	7/15/2017 DATE
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It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

CORPORATION NAME:  
TM NAIL SALON at 2440 Ltd.

DUE DATE: 09/30/19  
SCC ID NO.: 0782056-6

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.  
An individual may be designated as both a director and an officer.

<p>Mark appropriate box unless area below is blank:  <input checked="" type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete Information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:    <input type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: THAO NGUYEN                  TITLE: PRESIDENT                  ADDRESS: 2440 N HARRISON ST                  CITY/ST/ZIP: ARLINGTON, VA 22207</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank:  <input type="checkbox"/> Information is correct    <input type="checkbox"/> Information is incorrect    <input type="checkbox"/> Delete Information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:    <input type="checkbox"/> Correction    <input type="checkbox"/> Addition    <input type="checkbox"/> Replacement</p>
<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>
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<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>
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<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>	<p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME:                  TITLE:                  ADDRESS:                  CITY/ST/ZIP:</p>

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