

## **2020 ANNUAL REPORT COMMONWEALTH OF VIRGINIA** STATE CORPORATION COMMISSION

Commonwealth of Virginia State Corporation Commission Office of the Clerk Entity ID: 05891825 Filing Number: 2011132603223 Filing Date/Time: 11/13/2020 10:49 AM

1.	CORPORATION NAME:
	American Nail Salon, Inc.

DUE DATE:

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR

SCC ID NO .: 0589182-5

MINH VO 2503 C NORTH HARRISON ST ARLINGTON, VA 22207-0000

5. TOTAL NUMBER OF AUTHORIZED SHARES: 1,000

12/31/20

- 3. CITY OR COUNTY OF VA REGISTERED OFFICE: 059-FAIRFAX 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:

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: 2503 C NORTH HARRISON ST	ADDRESS:
4	
CITY/ST/ZIP ARLINGTON, VA 22207-0000	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:  Information is correct	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:  Correction Addition Replacement
OFFICER X DIRECTOR X	OFFICER   DIRECTOR
NAME: MINH DUY VO	NAME:
TITLE: President	TITLE:
ADDRESS: 2503 C NORTH HARRISON ST	ADDRESS:
CITY/ST/ZIP: ARLINGTON, VA 22207-0000	CITY/ST/ZIP:

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

PRINTED NAME AND CORPORATE TITLE

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.