

Secretary of State Statement of Information

(California Stock, Agricultural Cooperative and Foreign Corporations) SI-550

For Office Use Only

-FILED-

File No.: BA20250402303 Date Filed: 2/24/2025

This form is due within 90 days of initial registration and every year thereafter.

Fees (Filing plus Disclosure) - \$25.00

Certification Fee (Optional) - \$5.00

 Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State. Note: If you registered in California using an assumed name.) This Space For Office Use Only

2. Secretary of State Entity Number

6591174

TN PURITY NAILS INC

3. Business Addresses

a. Street Address of Principal Executive Office - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
12265 VENTURA BLVD #109	STUDIO CITY	CA	91604
b. Mailing Address of Corporation, if different than item 3a	City (no abbreviations)	State	Zip Code
c. Street Address of Principal California Office, if any and if different than Item 3a - Do not list a P.O. Box	City (no abbreviations)	State	Zip Code
		CA	

4. Officers

The Corporation is required to list all three of the officers set forth below. An additional title for the Chief Executive Officer and Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer	First Name	Middle Name	Last Name			Suffix	
MICHAEL			HAN				
Address			City (no abbreviations) State Zip			Code	
12265 VENTURA BLVD #109			STUDIO CITY CA			91604	
b. Secretary	First Name	Middle Name	Last Name		Suffix		
MICHAEL			HAN				
Address		City (no abbreviations) State			Code		
12265 VENTURA BLVD #109			STUDIO CITY	91	604		
c. Chief Financial Officer	First Name	Middle Name	Last Name			Suffix	
MCHAEL		HAN					
Address		City (no abbreviations) State Z			Code		
12265 VENTURA BLVD #109			STUDIO CITY CA 9			1604	

	5.	Director(s	
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California Stock and Agricultural Cooperative Corporations ONLY: **Item 5a:** At least one name <u>and</u> address must be listed. If the Corporation has additional directors, enter the name(s) and addresses on Form SI-550A.

	enter the name(s) at	u addiesses c	/// / OIIII G					
a. First Name		Middle Name		Last Name				Suffix
MICHAEL				HAN				
Address				City (no abb	reviations)	State	Zip	Code
12265 VE	NTURA BLVD #109	9		STUDIO	CITY	CA	91	1604
b. Number of Va	cancies on the Board of Director	s, if any		1		•		
00								
6. Service of F	Process (Must provide either In	dividual OR Co	orporation	.)				
INDIVIDUAL	Complete Items 6a and 6b on	ly. Must includ	e agent's	full name and	California	street add	iress	
a. California Age	nt's First Name (if agent is not a	corporation)	Middle Name Last Nam		Last Name	ie		Suffix
MICHAEL					HAN			
b. Street Address enter a P.O. E	s (if agent is not a corporation) -	Do not	City (no	abbreviations	5)	State	Zip	Code
				TUDIO CITY			91	1604
CORPORATION - Complete Item 6c only. Only include the name of the registered agent Corporation.								
c. California Registered Corporate Agent's Name (if agent is a corporation) – Do not complete Item 6a or 6b								
7. Type of Bus	siness							
Describe the type of business or services of the Corporation								
NAILS SALON								
8. Labor Judgment								
Does an Officer or Director have an outstanding final judgment issued by the Division						71		
of Labor Standards Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or provision of the Labor Code? Yes ✓ No						∕]No		
9. Email Notifications								
Provide an email address to opt-in to receive entity related notifications, including Statement of Information								
reminders, by email rather than USPS mail. Note: If no email address is provided, you will continue to receive notices and reminders by USPS mail.								
Yes, I opt-in to receive entity notifications via email. Email Address:								
To change your option after filing, you must submit a new complete Statement of Information.								
The information contained herein, including in any attachments, is true and correct//,								
22/21/25	MICHAEL HAN	_ -	PR	RESIDEN	т //(lu	/	
Date	Type or Print Name		Tit	le	Signa	ature	•	