401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
143565	SKIN CARE BY DENISE, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	SKIN CARE ADMINISTRATION

5. Principal office address: 28 PINE RIDGE DRIVE | City: CRANSTON | State: RI | Zip: 02921

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name: DENISE M. MARCHETTI | Contact Title: MEMBER

Street Address: 28 PINE RIDGE DRIVE | City: CRANSTON | State: RI | Zip: 02921

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS

FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name: STEVEN A. MORETTI, ESQ. | Address: 1140 RESERVOIR AVENUE | City: CRANSTON | Zip: 02920-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted]

FILED

File Date: NOV 13 2007

Check No.: 1058

By:

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature of Authorized Person — *Date*: 10/30/07

DENISE M. MARCHETTI

Print or Type Name of Authorized Person

Form 632 Rev. 07/07