

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 Filing Period: January 1 - March 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK. * In complete with PLG 1.7-1-2-150(a) each corporation felling or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1-2-150).

1. Corporate ID No. 138870	2. Name of Corp Lilie Make	up Artistry, Ltd.			
3. Street Address Principal Business Office 100 Beechwood Drive			City Cranston	State RI	<i>Ζψ</i> 02921
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Cb 7. NAMES AND ADDR		ted in Rhode Island CERS: ("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS
resident Name Lisa Weinberg			Vice President Name		
Street Address 100 Beechwood Drive			Street Address		
Cranston	State RI	<i>zip</i> 02921	City	State	Zψ
Secretary Name			Treasurer Name Lisa Weinberg		
Street Address			Street Address 100 Beechwood Drive		
City	State	Zíp	City Cranston	State RI	^{Zip} 02921
8. NAMES AND ADDR Director Name Lisa Weinberg	ESSES OF THE DIR	ECTORS: ("X" BOX FOR ATT	TACHMENT) [FILL 1 Director Name	IN SPACES BEFORE USIN	NG ATTACHMENTS
Street Address			Street Address		
100 Beechwood Dri ^{City}	State	Zip	City	State	Zip
Cranston Director Name	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Director Name		
Street Address		Street Address			
City	State	Zφ	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			200	common	none
This report must be ex	ecuted on behalf of t	he corporation by an authorize	ed representative. If the	corporation is in the hand	ds of a receiver or trust
this report must be exe	ecuted on behalf of th	e corporation by the receiver	or trustee.		
			Under penalty of	f perjury, I declare and affirm scompanying schedules and s	that I have examined this
File Date	_ED			are true and corfect.	Je 1-23
JAN 2 8 2009 Check No.			Lisa Weinberg		
By:			Print or Type Name President		
FOR SECRETAR	Y OF STATE USE ONLY		Title		