



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3010

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 158388		2. Exact name of the limited liability company Aidance Skincare & Topical Solutions LLC			
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Manufacturer of therapeutic skincare products			
5. Principal office address 184 Burnside Avenue		City Woonsocket	State RI	Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name David Goldsmith		Contact Title Director, Business Development			
Street Address PO Box 2182		City Woonsocket	State RI	Zip 02895	
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) <input type="checkbox"/>					
Manager Name David Goldsmith		Manager Name Perry Antelman			
Street Address PO Box 2182		Street Address PO Box 2182			
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Manager Name Andrew Warren		Manager Name			
Street Address PO Box 2182		Street Address			
City Woonsocket	State RI	Zip 02895	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

158388

File Date	10-20-09
Check No.	4308
By:	MNC
FOR SECRETARY OF STATE USE ONLY	

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

David Goldsmith
Print or Type Name of Authorized Person