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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
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
89759	About Face Esthetics, Ltd.			
3. Street Address Principal Business Office		City	State	Zip
570 Putnam Pike		Smithfield	RI	02828
4. Business Phone No.	5. State of Incorporation			
401-949-5895	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
To provide services for the maintenance of healthy skin care including but not limited to facials, care of back, hands, body,makeup, etc.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Natalie Amore	298 Byron Randall Road	Scituate	RI	02857

Vice President Name	Street Address	City	State	Zip
Edward V. Mollichelli	298 Byron Randall Road	Scituate	RI	02857

Secretary Name	Street Address	City	State	Zip
Natalie Amore	298 Byron Randall Road	Scituate	RI	02857

Treasurer Name	Street Address	City	State	Zip
Edward V. Mollichelli	298 Byron Randall Road	Scituate	RI	02857

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Edward V. Mollichelli	298 Byron Randall Road	Scituate	RI	02857

Director Name	Street Address	City	State	Zip
Natalie Amore	298 Byron Randall Road	Scituate	RI	02857

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No par value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

FILED

File Date FEB 24 2011
Check No. By mnc
By: 3723
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.

√ Natalie Amore 1/27/2011
Signature *Date*

Natalie Amore
Print or Type Name

President
Title

59481-14-603219

Form 650 Rev. 08/08