



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 158388		2. Exact name of the limited liability company Aidance Skincare and Topical Solutions LLC			
3. State of Formation DE		4. Brief description of the character of business conducted in Rhode Island Developer and Manufacturer of Skincare Formulation			
5. Principal office address 184 Burnside Ave		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 Co-Founder			
Street Address PO Box 2182		City Woonsocket	State RI	Zip 02895	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Perry Antelman		Manager Name			
Street Address 184 Burnside Ave		Street Address			
City Woonsocket	State RI	Zip 02895	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 Form 642.					

FILED

NOV 05 2013

BY 1137

File Date _____
 Check No _____
 By: _____
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.

David Goldsmith 10/28/2013
 Signature of Authorized Person Date
 David Goldsmith
 Print or Type Name of Authorized Person