



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 89759		2. Exact name of the Corporation ABOUT FACE ESTHETICS, LTD			
3. Principal office address 570 Putnam Pike			City Smithfield	State RI	Zip 02828
4. Business Phone No. 401-949-5895		5. State of Incorporation 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. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Natalie Amore			Vice-President Name Edward V. Mollichelli		
Street Address 298 Byron Randall Road			Street Address 298 Byron Randall Road		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
Secretary Name Natalie Amore			Treasurer Name Edward V. Mollichelli		
Street Address 298 Byron Randall Road			Street Address 298 Byron Randall Road		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Edward V. Mollichelli			Director Name Natalie Amore		
Street Address 298 Byron Randall Road			Street Address 298 Byron Randall Road		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.					
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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
 FEB 27 2014
 4269

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 **01/29/2014**
 Signature of Authorized Representative Date
Natalie Amore
 Print or Type Name of Authorized Representative