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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.	2. Exact name of the Corporation
507967	Rejuvaderm MediSpa, Inc.

3. Principal office address	City	State	Zip
750 Reservoir Avenue	Cranston	RI	02910

4. Business Phone No.	5. State of Incorporation
401-943-0761	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Medi-Spa Services

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Ellen H. Frankel, M.D.	
Street Address	**Street Address**
750 Reservoir Avenue	
City / State / Zip	City / State / Zip
Cranston / RI / 02910	
Secretary Name	**Treasurer Name**
Ellen H. Frankel, M.D.	Ellen H. Frankel, M.D.
Street Address	**Street Address**
750 Reservoir Avenue	750 Reservoir Avenue
City / State / Zip	City / State / Zip
Cranston / RI / 02910	Cranston / RI / 02910

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Ellen H. Frankel, M.D.	
Street Address	**Street Address**
750 Reservoir Avenue	
City / State / Zip	City / State / Zip
Cranston / RI / 02910	
Director Name	**Director Name**
Street Address	**Street Address**
City / State / Zip	City / State / Zip

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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	$.01

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.

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.

7-8-14
Signature of Authorized Representative — Date

Ellen H. Frankel, M.D.
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JUL 14 2014
BY 1109

Form No. 630
Revised: 01/2012

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