



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. 535099		2. Exact name of the limited liability company All about You Skin Care LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Day SPA			
5. Principal office address 3890 Post Road		City Warwick	State RI	Zip 02886	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Kelli Gomeau		Contact Title Manager			
Street Address 3890 Post Road		City Warwick	State RI	Zip 02886	
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 Kelli Gomeau		Manager Name			
Street Address 3890 Post Road		Street Address			
City Warwick	State RI	Zip 02886	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 ✓

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BY CU 26306P

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 DIVISION OF BUSINESS SERVICES
 OFFICE OF THE SECRETARY OF STATE

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.

Kelli Paradise Gomeau 12/2/2015
 Signature of Authorized Person Date

Kelli Paradise Gomeau
 Print or Type Name of Authorized Person