

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.

Entity ID No. Z. Exact name of the limited liability or	omnany	<u>-</u>	
535099 All about You Skin Care LLC			
State of Formation 4. Brief description of the character of business conducted in Rhode Island			
Rhode Island Day SpA			
5. Principal office address	City	State	Zip
3890 POST KOOA 6 MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME	Warulck		02886
Contact Name	Contact Title	ON CHANGE COMETING	
Kelli Gomeau	Manager		
3890 Post Road	Warwer	State 2 T	02886
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMIT ("X" BOX FOR ATTACHMENT)	ED LIABILITY COMPANY, IF AF	PLICABLE - DO I	NOT LIST MEMBERS
Manager Name .	Manager Name		
Kell Someau			
3890 Post Road	Street Address		
Narmer State Zip 2886	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 CONTRACTOR AND DEC 1 1 2015			DEC 11 AM 10:
DEC 1 1 2015			9: 2
BY CM 263067			8 1.
10:29			
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.			
Check No Check No Contained the entrained th			
By: Signature of Authorized Person Date			
FOR SECRETARY OF STATE USE ONLY Kelli Paradise Gomean.			
Print or Type Name of Authorized Person			
form No. 622			

Form No. 632 Revised: 01/2012