

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 2015

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.	2. Exact na	ame of the limited liab		. 6 0		
848593) -{(10)	(Meet	2 1011	LLC		
3. State of Formation	4. Brief de	scription of the charac	cter of business conducted in F	Rhode Island		
RI		atural	SKINCALL City Pruvidu	<u>, </u>		
5. Principal office address 380 LL 640	law c	10+3	City	2nce State	Zip OZ G A 7	
<u> </u>	LIMITED LIABIL	TY COMPANY AND	NAME OR TITLE OF CONTA	CT PERSON:	102 70 6	
Contact Name	Kinloc	K	Contact Title	Contact Title OWNLR		
	dare a	·		ence State	02906	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND AD MENT)	DRESSES) OF THE	LIMITED LIABILITY COMPA	NY, IF APPLICABLE - <u>DO</u> I	NOT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Žíp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address		2 8 S	
Oit	10					
City	State	Zip	City	State	ZIER REEL	
8. RESIDENT AGENT IN RI	TO SECURE TO CHARLES AND PROPERTY AND SECURE TO A SECURE SECURIOR	THE RESIDENCE OF CAME IS NOT THE RESIDENCE OF THE PARTY O				
This information is curren	tly of record in th	e Office of the Secr	etary of State. Changes requ	uire filing Form 642.	3 50 K	
		FIL	FD		ED NS DIV	
		-			: 2! VE	
		_	2 2016		+	
a = 209181						
		By Original Distriction	31,25 P	M .		
		4.1				
				1	٨	
and the second of the second o			Under penalty of	perjury, I declare and affir	m hat I have examined	
File Date			and that all state	aing any accompanying si ments contained herein ai	chedules and statements, reprue and correct.	
Check No				$A \setminus A \setminus A$	1 3/2/16	
Ву:			Signature of Autho	orized Rerson	Date	
FOR SECRETARY OF STATE USE ONLY Print or Type Name of Authorized Person						

Form No. 632 Revised: 01/2012