



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2016

**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

|                                                                                                                                                                                                             |       |                                                                                                  |                             |                        |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------------------------|-----------------------------|------------------------|------------------|
| 1. Entity ID Number<br><b>486103</b>                                                                                                                                                                        |       | 2. Exact name of the Limited Liability Company<br><b>Beautifully Balanced Skin Boutique, LLC</b> |                             |                        |                  |
| 3. NAICS Code<br>81 - Other Services (except Pub                                                                                                                                                            |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Salon</b>      |                             |                        |                  |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |       |                                                                                                  |                             |                        |                  |
| 6. Principal Office Address<br><b>780 Tiogue Avenue</b>                                                                                                                                                     |       | City<br><b>Coventry</b>                                                                          | State<br><b>RI</b>          | Zip<br><b>02816</b>    |                  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                  |                             |                        |                  |
| Contact Name <b>Andrea M. Fiorillo</b>                                                                                                                                                                      |       |                                                                                                  | Contact Title <b>Member</b> |                        |                  |
| Street Address <b>780 Tiogue Avenue</b>                                                                                                                                                                     |       |                                                                                                  | City <b>Coventry</b>        | State <b>RI</b>        | Zip <b>02816</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |       |                                                                                                  |                             |                        |                  |
| Manager Name                                                                                                                                                                                                |       |                                                                                                  | Manager Name                |                        |                  |
| Street Address                                                                                                                                                                                              |       |                                                                                                  | Street Address              |                        |                  |
| City                                                                                                                                                                                                        | State | Zip                                                                                              | City                        | State                  | Zip              |
| Manager Name                                                                                                                                                                                                |       |                                                                                                  | Manager Name                |                        |                  |
| Street Address                                                                                                                                                                                              |       |                                                                                                  | Street Address              |                        |                  |
| City                                                                                                                                                                                                        | State | Zip                                                                                              | City                        | State                  | Zip              |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |       |                                                                                                  |                             |                        |                  |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                  |                             |                        |                  |
| <b>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.</b> |       |                                                                                                  |                             |                        |                  |
| Name of Authorized Person<br><b>Andrea M. Fiorillo</b>                                                                                                                                                      |       |                                                                                                  |                             | Date<br><b>10/7/16</b> |                  |
| Signature of Authorized Person<br><i>Andrea Fiorillo</i>                                                                                                                                                    |       |                                                                                                  |                             | SIGN DOCUMENT HERE     |                  |

**MAIL TO:**

**Division of Business Services**  
148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** www.sos.ri.gov

**FILED**

**OCT 14 2016**

BY *0003*

FORM 632 - Revised: 08/2016