



State of Rhode Island and Providence Plantations

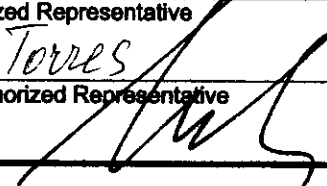
Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2016 NOV 18 PM 12:22

1. Entity ID Number <u>744937</u>		2. Exact name of the Corporation <u>MD Cosmetics Inc</u>	
3. Principal Office Address <u>648 39th Street</u>		City <u>Brooklyn</u>	State <u>NY</u>
		Zip <u>11232</u>	
4. Business Phone Number: <u>781-827-4518</u>		6. Brief description of the character of business conducted in Rhode Island <u>Retail</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Miri Torres</u>		Vice-President Name <u>Detel Airbinder</u>	
Street Address <u>2 Gold St, #5107</u>		Street Address <u>104-40 Queens Blvd.</u>	
City <u>New York</u>	State <u>NY</u>	Zip <u>10038</u>	City <u>Forest Hill</u>
			State <u>NY</u>
			Zip <u>11375</u>
Secretary Name		Treasurer Name <u>Mayer Kanner</u>	
Street Address		Street Address <u>5417 18th Ave.</u>	
City	State	Zip	City <u>Brooklyn</u>
			State <u>NY</u>
			Zip <u>11204</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		<u>200</u>	<u>none</u>
			<u>none</u>
11. 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.			
Name of Authorized Representative <u>Miri Torres</u>		Date <u>11/15/2016</u>	
Signature of Authorized Representative 			

SIGN DOCUMENT **FILED**

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

DEC 21 2016
By 291366
A.A. 10:49 A.M

FORM 630 - Revised: 08/2016