



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
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
BUSINESS DIV.

2017 JAN 30 PM 3:49

1. Entity ID Number 000507967		2. Exact name of the Corporation REJUVADERM MEDISPA, INC.			
3. Principal Office Address 750 RESERVOIR AVENUE		City CRANSTON		State RI	Zip 02910
4. NAICS Code 54 - Professional, Scientific, and	6. Brief description of the character of business conducted in Rhode Island MEDI-SPA SERVICES				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ELLEN H. FRANKEL, M.D.			Vice-President Name NONE		
Street Address 750 RESERVOIR AVENUE			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
Secretary Name ELLEN H. FRANKEL, M.D.			Treasurer Name ELLEN H. FRANKEL, M.D.		
Street Address 750 RESERVOIR AVENUE			Street Address 750 RESERVOIR AVENUE		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ELLEN H. FRANKEL, M.D.			Director Name		
Street Address 750 RESERVOIR AVENUE			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE \$0.01
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 ELLEN H. FRANKEL, M.D., PRESIDENT			FILED		Date 1-23-17
Signature of Authorized Representative <i>Ellen H. Frankel</i>					
			JAN 30 2017		

MAIL TO:
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