



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

Annual Report for the year: **2017- AMENDED**
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.
2017 MAR 31 AM 10:36

1. Entity ID Number 000505822		2. Exact name of the Corporation Bare Escentuals Beauty, Inc.												
3. Principal Office Address 900 Third Ave, 28th Floor			City NY	State NY	Zip 10022									
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Retail/Wholesaler of Cosmetics and Beauty Products												
5. State of Incorporation Delaware														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Marc Rey			Vice-President Name											
Street Address 900 Third Ave, 28th Floor			Street Address											
City NY	State NY	Zip 10022	City	State	Zip									
Secretary Name Maria Chiclana			Treasurer Name Jeff Cohen											
Street Address 900 Third Ave, 28th Floor			Street Address 301 Route 17 North, 10th Floor											
City NY	State NY	Zip 10022	City Rutherford	State NJ	Zip 07070									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Marc Rey			Director Name Maria Chiclana											
Street Address 900 Third Ave, 28th Floor			Street Address 900 Third Ave, 28th Floor											
City NY	State NY	Zip 10022	City NY	State NY	Zip 10022									
Director Name Ron Gee			Director Name											
Street Address 900 Third Ave, 28th Floor			Street Address											
City NY	State NY	Zip 10022	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>5000</td> <td>Preferred</td> <td>.001</td> </tr> <tr> <td>5000</td> <td>Common</td> <td>.001</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	5000	Preferred	.001	5000	Common	.001
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		5000	Preferred	.001										
5000	Common	.001												
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 <i>Tina B...</i>					Date <i>3/28/2017</i>									
Signature of Authorized Representative <i>[Signature]</i>					<div style="text-align: center;"> FILED SIGN DOCUMENT HERE </div>									

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

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FORM 630 - Revised: 02/2017