RI SOS Filing Number: 201751108740 Date: 10/6/2017 11:45:00 AM



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

2106 Annual Report for the year: **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.

R.I. DEPT. OF STATESTAMF
BUS SVCS DIV

2017 OCT -6 AM II: 44

1. Entity ID Number 000795349	2. Exact no MEDI	2. Exact name of the Limited Liability Company MEDICAL AESTHETICS BY JO-ANN, LLC  4. Brief description of the character of business conducted in Rhode Island ADULT INTERNAL MEDICINE				
3. NAICS Code  12/399  5. State of Formation  RHODE ISLAND						
6. Principal Office Address 153 FALCON AVENUE			City WARWICK	State RI	Zip <b>02888</b>	
7. Mailing Address of Limite		any and Name o	r Title of Contact Person			
Contact Name JO-ANN ENOS MOORE			Contact Title			
Street Address 153 FALCON AVENUE			City WARWICK	State RI	<sup>Zip</sup> 02888	
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
	1		. <del></del>	Check the box to	indicate an attachment	
9. Resident Agent in Rhode	Island This inform	nation is currently	of record with the Department of Sta			
Under penalty of perjury, statements, and that all st			examined this report, including true and correct.	g any accompanyir	ng schedules and	
Name of Authorized Person  JO-ANN ENOS MOORE				DateOch	. S , 2017	
Signature of Authorized Per	rson	SiOt	LOOCUMENT HERE			
<del></del>						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 0 6 2017 11:45

BY ON 314265