RI SOS Filing Number: 201751413510 Date: 10/11/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

STAMP

Annual Report for the year: 2017 **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 000163154	1	2. Exact name of the Limited Liability Company VIRIDITAS, LLC				
3. NAICS Code 81 2112	4. Brief des	Brief description of the character of business conducted in Rhode Island     SPECIALIZED SKIN CARE PRACTICE				
5. State of Formation RI						
6. Principal Office Address ONE RICHMOND SQUARE, SUITE 215			City PROVIDENCE	State RI	Zip 02906	
7. Mailing Address of Limite	d Liability Compa	ny and Name or Ti	itle of Contact Person		·	
Contact Name LAURIE NERONHA			Contact Title MEMBER			
Street Address ONE RICHMOND SQUARE, SUITE 215			City PROVIDENCE	State RI	<sup>Zip</sup> 02906	
8. List ALL managers (nam	es and addresses	s) of the Limited Lia	ability Company, IF APPLICABL	E - 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	
	I			Check the box to	indicate an attachment	
9. Resident Agent in Rhode	Island. This inform	nation is currently of	record with the Department of State	. Changes require fili	ng Form 642.	
Under penalty of perjury, statements, and that all s	l declare and affi tatements contai	irm that I have ex ined herein are tr	amined this report, including ue and correct.	any accompanyin	g schedules and	
Name of Authorized Person  LAURIE NEROWHA.				Date 09/29/2017		
Signature of Authorized Per	rson/	SIGN E	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

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