State of Rhode Is Department			ices Division	****	
Annual Report for t	the year: _20	017			R.I. DE P.I. 2017 NOY
imited Liability Co	mpany				7-3
→ Filing period: Septer → Filing Fee: \$50.00	mber 1 - Novem	ber 1			9 38
→ Penalty: Additional \$	25.00 fee if form	is not filed by D	ecember 1.	_	
i. Entity ID Number	ty iD Number 2. Exact name of the Limited Liability Company				
147756	SIMP	SIMPLY SKIN, LLC			
3. NAICS CODE 62 446 199 8. Carra of Farmanian RI	,	SERVICES	naracter of business conducted	in knode island	(D
6. Principal Office Address			City	State	Zip
580 MAPLE AVENUE			BARRINGTON	Ki	02806
7. Mailing Address of Limit	ed Liability Comp	any and Name or	Title of Contact Person		
LINN BEA	ULIEU		SULE MEM	EBEK	
Street Address 20 SEAL ISLAND ROAD			City BRISTOL	State RI	^{Zip} 02809
3. List ALL managers (nan	nes and addresse	e) 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	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
		The second secon	A ACTION OF THE PROPERTY OF THE PROPERTY SHAPE THE PROPERTY OF	CHECK BIC DOX 10 I	Iluivate an attavime
			of record with the Department of Sta		
			examined this report, including	g any accompanyin	g schedules and
Name of Authorized Person LYNN BEAULIEU Signature of Authorized Person				Date	
LYNN BEAULIEU $\mathscr{D}_{}$	no Be	2 aulie	<u>_</u>	10/9/2017	
Cinnature of Authorized of	argan	. -		-	
U					

MAIL TO:

Division of Business Services

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

Website: www.sos.ri.gov

FILED

FORM 632 - Revised: 08/2017