



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. Corporate ID No. 000795385

2. Name of Corporation DERMATOLOGIC COSMETIC LABORATORIES LTD.

3. Street Address Principal Business Office:

No. and Street: 20 COMMERCE STREET

City or Town: EAST HAVEN

State: CT

Zip: 06512

Country: USA

4. Business Phone No.

203-466-4632

5. State of Incorporation

State: CT

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

446120

6. Brief Description of the Character of Business Conducted in Rhode Island

SALE OF SKIN CARE PRODUCTS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address
PRESIDENT	CHERRY ROBINSON	360 STATE STREET NEW HAVEN, CT 06510 USA
SECRETARY	EDWARD A ZELINSKY	1366 ELLA GRASSO BLVD

		NEW HAVEN, CT 06511 USA
DIRECTOR	EDWARD A ZELINSKY	1366 ELLA GRASSO BLVD NEW HAVEN, CT 06511 USA
DIRECTOR	JAMES POSNER	34 ROLLING COURT WEST SAG HARBOR, NY 11963 USA
DIRECTOR	GARY MACELHINEY	411 NORTONTOWN ROAD GUILFORD, CT 06437 USA
DIRECTOR	CHERRY ROBINSON	360 STATE STREET NEW HAVEN, CT 06510 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	100

9. 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.

Signed this 27 Day of February, 2018 at 4:21:42 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MICHAEL MOLES
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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