



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 93897		2. Exact name of the Corporation Esthetique, Inc.										
3. Principal Office Address 709 Oaklawn Avenue		City Cranston	State RI									
		Zip 02910										
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island To engage in the performance of skin care and distribution of products											
5. State of Incorporation Rhode Island	(401)942-0444											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name Mari Pellegrino Capuano		Vice-President Name Joseph Capuano										
Street Address 5 Byron Randall Road		Street Address 5 Byron Randall Road										
City Johnston	State RI	Zip 02919	City Johnston									
State RI	Zip 02919	State RI	Zip 02919									
Secretary Name Mari Pellegrino Capuano		Treasurer Name Joseph Capuano										
Street Address 5 Byron Randall Road		Street Address 5 Byron Randall Road										
City Johnston	State RI	Zip 02919	City Johnston									
State RI	Zip 02919	State RI	Zip 02919									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name None		Director Name None										
Street Address		Street Address										
City	State	Zip	City									
State	Zip	State	Zip									
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip	City									
State	Zip	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>0</td> <td></td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0		0			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
0		0										
Changes require an additional filing.												
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 Mari Pellegrino Capuano		Date										
Signature of Authorized Representative <i>Mari Pellegrino Capuano</i>		SIGN DOCUMENT HERE										

FILED

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

FEB 01 2019

BY 17517

FORM 630 - Revised: 10/2016

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