



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 <b>93897</b>		2. Exact name of the Corporation <b>Esthetique, Inc.</b>	
3. Principal Office Address <b>709 Oaklawn Avenue</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02910</b>	
4. NAICS Code <b>812990</b> <b>81 - Other Services (except Pul</b>	6. Brief description of the character of business conducted in Rhode Island <b>To engage in the performance of skin care and distribution of products</b>		
5. State of Incorporation <b>Rhode Island</b>	(401)942-0444		
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Mari Pellegrino Capuano</b>		Vice-President Name <b>Joseph Capuano</b>	
Street Address <b>5 Byron Randall Road</b>		Street Address <b>5 Byron Randall Road</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
Secretary Name <b>Mari Pellegrino Capuano</b>		Treasurer Name <b>Joseph Capuano</b>	
Street Address <b>5 Byron Randall Road</b>		Street Address <b>5 Byron Randall Road</b>	
City <b>Johnston</b>	State <b>RI</b>	City <b>Johnston</b>	State <b>RI</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address		Street Address	
City	State	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
Changes require an additional filing.		NUMBER OF SHARES <b>0</b>	CLASS/SERIES <b>0</b>
		PAR VALUE	
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.			
<b>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.</b>			
Name of Authorized Representative <b>Mari Pellegrino Capuano</b>		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

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FORM 630 - Revised: 10/2016

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