



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

FILED

→ Filing period: January 1 - March 1

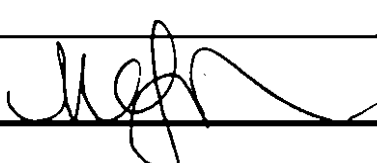
→ Filing Fee: \$50.00

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

FEB 28 2019

BY

22786 DS

1. Entity ID Number 001685185		2. Exact name of the Corporation ZO SKIN HEALTH, INC.			
3. Principal Office Address 5 TECHNOLOGY DRIVE			City IRVINE	State CA	Zip 92618
4. NAICS Code 325412	6. Brief description of the character of business conducted in Rhode Island DISTRIBUTOR OF SKIN CARE PRODUCTS				
5. State of Incorporation CA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARK WILLIAMS			Vice-President Name		
Street Address 5 TECHNOLOGY DRIVE			Street Address		
City IRVINE	State CA	Zip 92618	City	State	Zip
Secretary Name MARK WILLIAMS			Treasurer Name KEVIN CORNETT		
Street Address 5 TECHNOLOGY DRIVE			Street Address 5 TECHNOLOGY DRIVE		
City IRVINE	State CA	Zip 92618	City IRVINE	State CA	Zip 92618
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARK WILLIAMS			Director Name OMAR KADRO		
Street Address 5 TECHNOLOGY DRIVE			Street Address 5 TECHNOLOGY DRIVE		
City IRVINE	State CA	Zip 92618	City IRVINE	State CA	Zip 92618
Director Name YOICHI KAMBARA			Director Name		
Street Address 5 TECHNOLOGY DRIVE			Street Address		
City IRVINE	State CA	Zip 92618	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input checked="" type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			5,881,986	COMMON - A	0.0001
			3,000,000	COMMON - B	0.0001
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 NATASHA HODKINSON				Date 2/12/2019	
Signature of Authorized Representative 					

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

ZO SKIN HEALTH INC
— BY ZEIN OBAGI MD —

SHARES ISSUED

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
5,881,986	COMMON – A	0.0001
3,000,000	COMMON – B	0.0001
333,056	PREFERRED	0.0001

FILED

FEB 28 2019

BY 22786 DS
DD 16/5185