



Department of State - Business Services Division

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Annual Report for the year:
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <input type="text" value="001675868"/>		2. Exact name of the Limited Liability Company <input type="text" value="TRU SKIN AESTHETICS, LLC"/>	
3. NAICS Code <input type="text" value="812199"/>		4. Brief description of the character of business conducted in Rhode Island <input type="text" value="TO ENGAGE IN THE BUSINESS OF MICRONEEDLING, OFTEN REFERRED TO AS COLLAGEN INDUCTION THERAPY, AND ANY OTHER SKIN TREATMENT SERVICES RELATED THERETO OF EVERY KIND AND NATURE"/>	
5. State of Formation <input type="text" value="RHODE ISLAND"/>			
6. Principal Office Address <input type="text" value="1050 Main Street, Suite 18"/>		City <input type="text" value="East Greenwich"/>	State <input type="text" value="RI"/>
		Zip <input type="text" value="02818"/>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <input type="text" value="Kayla E. O'Brien"/>		Contact Title <input type="text" value="Member"/>	
Street Address <input type="text" value="1050 Main Street, Suite 18"/>		City <input type="text" value="East Greenwich"/>	State <input type="text" value="RI"/>
		Zip <input type="text" value="02818"/>	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <input type="text"/>		Manager Name <input type="text"/>	
Street Address <input type="text"/>		Street Address <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	City <input type="text"/>	Zip <input type="text"/>
Manager Name <input type="text"/>		Manager Name <input type="text"/>	
Street Address <input type="text"/>		Street Address <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	City <input type="text"/>	Zip <input type="text"/>
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island This information is currently of record with the Department of State. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person <input type="text" value="KAYLA E. O'BRIEN"/>			Date <input type="text" value="9/16/19"/>
Signature of Authorized Person 		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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