

Filing Fee: \$50.00

ID Number: 1709102



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

**BUSINESS CORPORATION**

**CERTIFICATE OF CORRECTION**

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2020 JUN 24 AM 11:19

Pursuant to the provisions of Section 7-1.2-105 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby submits the following Certificate of Correction:

1. The name of the corporation is:  
Flawless Face, Inc.
2. The document to be corrected is Fictitious Business Name Statement
3. The document being corrected was originally filed on 2/26/2018
4. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgement:  
Removal of the initials "LLC" from the end of the fictitious business name" Flawless Medical Soa"
5. The corrected portion of the document states as follows:  
Fictitious name of: Flawless Medical Soa
6. The document attached to this certificate is the corrected document.
7. This Certificate of Correction shall be effective upon filing unless a specified date is provided which shall be no later than the 90<sup>th</sup> day after the date of this filing upon filing

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: June 24, 2020

Dante J. Giammarco, Esq. Corp. Counsel

Signature of Authorized Officer of the Corporation

Dante J. Giammarco, Esq. Corporate counsel

Type or Print Name of Authorized Officer



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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BUS SVCS DIV  
2020 JUN 24 AM 11:20

**Fictitious Business Name Statement**  
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-402, the undersigned business corporation hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. Entity ID Number <b>1709102</b>		2. Exact Name of the Corporation <b>Flawless Face, Inc.</b>	
3. The fictitious business name to be used is: <b>Flawless Medical Spa</b>			
4. The corporation is organized under the laws of: <b>Rhode Island</b>		5. The date of incorporation is: <b>May 9, 2017</b>	
6. The address of its registered office within Rhode Island is: Street Address <b>615 Jefferson Blvd, Suite A- 204</b>			
City <b>Warwick</b>		State <b>RHODE ISLAND</b>	Zip <b>02886</b>
7. The business in which it is engaged: <b>Medical cosmetic procedures</b>			
8. Applicant is otherwise authorized to do business in the state of Rhode Island.			
<b>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.</b>			
Name of Authorized Officer of the Corporation <b>Dante J. Giammarco, Esq., Corporate Counsel</b>			Date <b>6/24/2020</b>
Signature of Authorized Officer of the Corporation <i>Dante J. Giammarco, Esq., Corporate Counsel</i> SIGN DOCUMENT HERE			

**MAIL TO:**

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

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

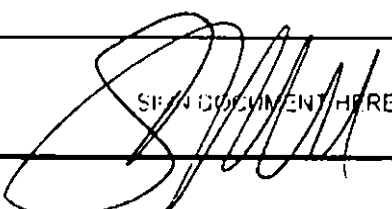
### Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee \$50.00

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name

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SECRETARY OF STATE  
CORPORATIONS DIV  
2018 FEB 26 PM 1:35

1. Entity ID Number <b>1709102</b>	2. Exact Name of the Limited Liability Company <b>Flawless Face, LLC</b>
3. The fictitious business name to be used is. <b>Flawless Medical Spa, LLC</b>	
4. The limited liability company is organized under the laws of. <b>RI</b>	5. The date of formation is <b>5-10-2017</b>
6. Applicant is otherwise authorized to do business in the state of Rhode Island.	
<i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.</i>	
Name of Applicant Limited Liability Company <b>Flawless Face, LLC</b>	Date <b>2-23-2018</b>
Signature of Authorized Person  SIGN DOCUMENT HERE	

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

1:35 pm  
**FILED**  
FEB 26 2018  
BY **325203**

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

February 26, 2018 01:35 PM

A handwritten signature in black ink, appearing to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

