RI SOS Filing Number: 202066528120 Date: 10/19/2020 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

## Annual Report for the year: 2020 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.

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1 Entity ID Number	10 5 1 11			<del></del>	<del></del>			
1. Entity ID Number 2. Exact name of the Limited Liability Company  O01675868 TRU SKIN A ESTHETICS LLC								
W1073808	TRU SKIN AESTHETICS, LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
■ 8121 <del>99</del>								
TO ENGAGE IN THE BU		THE BUSIN	SINESS OF MICRONEEDLING, OFTEN REFERRED TO AS					
5. State of Formation COLLAGEN INDUCTION SERVICES RELATED THE			THERAPY, AND ANY OTHER SKIN TREATMENT RETO OF EVERY KIND AND NATURE					
KHODE ISLAND	ND THE REST THERE TO ST EVERT RIND AND WATURE							
6. Principal Office Address			City		State	Zip		
1050 Main Street, Suite 18		-	East Greenwich		RI	02818		
7. Mailing Address of Limited Liability Company and Name or Title					]			
	Dility Company and N	Name or Title						
Contact Name Kayla E. O'Brien			Contact Title Member					
Street Address 1050 Main Street, Suite 18			City East Greenwich		State RI	Zip 02818		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS								
Manager Name	Manager Name							
Street Address			Street Address					
City	State		City		State	Zip		
Manager Name			Manager Name					
Street Address			Street Address					
City	State Zip		City		State	Zip		
				Che	ck the box to indi	cate an attachment		
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.								
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 Person					Date/ <			
KAYLA E. O'BRIEN								
Signature of Authorized Person								
- CY USTYNC UTOM								

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov