




State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2020
Corporation _____

NOV 10 2020
 BY 1973
 20

- 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 1709102 | | 2. Exact name of the Corporation Flawless Face, Inc. | | | |
| 3. Principal Office Address 175 Main Street | | City East Greenwich | | State RI | Zip 02818 |
| 4. NAICS Code 621111 | 6. Brief description of the character of business conducted in Rhode Island Medical/doctor's office | | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name David Bouslough | | | Vice-President Name None | | |
| Street Address 175 Main Street | | | Street Address | | |
| City East Greenwich | State RI | Zip 02818 | City | State | Zip |
| Secretary Name David Bouslough | | | Treasurer Name David Bouslough | | |
| Street Address 175 Main Street | | | Street Address 175 Main Street | | |
| City East Greenwich | State RI | Zip 02818 | City East Greenwich | State RI | Zip 02818 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name None | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBR OF SHARES | CLASS/SERIFS | PAR VALUE | |
| | | 100 | Common | \$0.01 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. 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 David Bouslough, President | | | | Date 11/11/20 | |
| Signature of Authorized Representative  | | | | | |