



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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BY 1973
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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 ☐					
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 ☐					
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐			
		NUMBER OF SHARES		CLASS/SERIES	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 11/1/20
Signature of Authorized Representative 					