



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 000747894

**2. Name of Corporation** CELLAIRIS FRANCHISE, INC.

**3. Street Address Principal Business Office:**

No. and Street: 6485 SHILOH ROAD SUITE B  
UNIT 100

City or Town: ALPHARETTA State: GA Zip: 30005 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: GA

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

999999

**6. Brief Description of the Character of Business Conducted in Rhode Island**

FRANCHISING

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CEO/TREASURER/DIRECTOR	KOSTANTINOS R. SKOURAS	6485 SHILOH ROAD, SUITE B, UNIT 100 ALPHARETTA, GA 30005 USA

CHIEF PRODUCT OFFICER/DIRECTOR	JOSEPH D. BROWN	6485 SHILOH ROAD, SUITE B, UNIT 100 ALPHARETTA, GA 30005 USA
CHIEF FRANCHISE OFFICER/DIRECTOR	JAIME R. BROWN	6485 SHILOH ROAD, SUITE B, UNIT 100 ALPHARETTA, GA 30005 USA
VP/SECRETARY	JASON ADLER	6485 SHILOH ROAD, SUITE B, UNIT 100 ALPHARETTA, GA 30005 USA

## 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	100,000.00	0

**9. 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.**

**Signed this 26 Day of January, 2021 at 2:31:03 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KAYLA BLACKWELL, SPECIAL SECRETARY  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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