



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2021  
**Corporation**

- 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 000089759		2. Exact name of the Corporation ABOUT FACE ESTHETICS, LTD.			
3. Principal Office Address 570 Putnam Pike			City Smithfield	State RI	Zip 02828
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island To provide services for the maintenance of healthy skin care including but not limited to facials, care of back, hands, body, makeup, etc.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Natalie Amore			Vice-President Name Edward V. Mollichelli		
Street Address 298 Byron Randall Road			Street Address 298 Byron Randall Road		
City N. Scituate	State RI	Zip 02857	City N. Scituate	State RI	Zip 02857
Secretary Name Natalie Amore			Treasurer Name Edward V. Mollichelli		
Street Address 298 Byron Randall Road			Street Address 298 Byron Randall Road		
City N. Scituate	State RI	Zip 02857	City N. Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Edward V. Mollichelli			Director Name Natalie Amore		
Street Address 298 Byron Randall Road			Street Address 298 Byron Randall Road		
City N. Scituate	State RI	Zip 02857	City N. Scituate	State RI	Zip 02857
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no 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. <b>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.</b>					
Name of Authorized Representative Natalie Amore				Date 1/10/2021	
Signature of Authorized Representative 				 	

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

JAN 28 2021

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