



State of Rhode Island
Department of State - Business Services Division

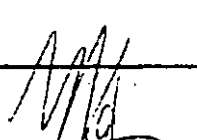
Annual Report for the year: **2021**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2021 FEB 26 PM 2:36

1. Entity ID Number 001685185		2. Exact name of the Corporation ZO SKIN HEALTH, INC.												
3. Principal Office Address 9685 RESEARCH DRIVE			City IRVINE	State CA	Zip 92618									
4. NAICS Code 325412	8. Brief description of the character of business conducted in Rhode Island DISTRIBUTOR OF SKINCARE PRODUCTS													
5. State of Incorporation CALIFORNIA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name MARK WILLIAMS			Vice-President Name											
Street Address 9685 RESEARCH DRIVE			Street Address											
City IRVINE	State CA	Zip 92618	City	State	Zip									
Secretary Name MARK WILLIAMS			Treasurer Name KEVIN CORNETT											
Street Address 9685 RESEARCH DRIVE			Street Address 9685 RESEARCH DRIVE											
City IRVINE	State CA	Zip 92618	City IRVINE	State CA	Zip 92618									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>														
Director Name MARK WILLIAMS			Director Name TODD HIRSCH											
Street Address 9685 RESEARCH DRIVE			Street Address 9685 RESEARCH DRIVE											
City IRVINE	State CA	Zip 92618	City IRVINE	State CA	Zip 92618									
Director Name RAM JAGANNATH			Director Name AARON WEINER											
Street Address 9685 RESEARCH DRIVE			Street Address 9685 RESEARCH DRIVE											
City IRVINE	State CA	Zip 92618	City IRVINE	State CA	Zip 92618									
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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>18,718,716</td> <td>COMMON</td> <td>\$0.01</td> </tr> <tr> <td>20,666,486</td> <td>PREFERRED</td> <td>\$0.01</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	18,718,716	COMMON	\$0.01	20,666,486	PREFERRED	\$0.01
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			18,718,716	COMMON	\$0.01									
20,666,486	PREFERRED	\$0.01												
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. <i>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.</i>														
Name of Authorized Representative MARK WILLIAMS				Date 2/24/2021										
Signature of Authorized Representative 				FILED										

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

FEB 26 2021

By **DL DEAYB**
FORM 600 - Revised: 08/2020

12:36

ADDITIONAL DIRECTORS:

SAMAR OBAGI
9685 RESEARCH DRIVE
IRVINE, CA 92618

OMAR KADRO
9685 RESEARCH DRIVE
IRVINE, CA 92618

COLLEEN GOGGINS
9685 RESEARCH DRIVE
IRVINE, CA 92618

KATHY O'BRIEN
9685 RESEARCH DRIVE
IRVINE, CA 92618