

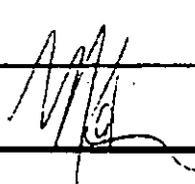


State of Rhode Island  
Department of State - Business Services Division

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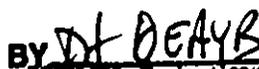
Annual Report for the year: 2021  
Corporation

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

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   
FORM 600 - Revised: 08/2020

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**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