



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 26 2021

BY

BY

4052

OS

1. Entity ID Number 111095		2. Exact name of the Corporation Audrey A Wood, Inc.			
3. Principal Office Address 700 Aquidneck Avenue		City Middletown		State RI	Zip 02842
4. NAICS Code 812112		6. Brief description of the character of business conducted in Rhode Island Aesthetics-Perform independent clinical assessments and establish regimens for clients; treatments of clinically damaged skin. Retail sales of cosmetic and skin products.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Audrey A Wood			Vice President Name Audrey A Wood		
Street Address 112 Willis Street			Street Address 112 Willis Street		
City New Bedford	State MA	Zip 02740	City New Bedford	State MA	Zip 02740
Secretary Name Audrey A Wood			Treasurer Name Audrey A Wood		
Street Address 112 Willis Street			Street Address 112 Willis Street		
City New Bedford	State MA	Zip 02740	City New Bedford	State MA	Zip 02740
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Audrey A Wood			Director Name		
Street Address 112 Willis Street			Street Address		
City New Bedford	State MA	Zip 02740	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 Sh	Common Stock	No-Par
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 					Date 2/20/21
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

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

FORM 630 - Revised: 10/2017