RI SOS Filing Number: 202193548130 Date: 3/3/2021 4:00:00 PM

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAR -3 PM 3:15
STAMP

1. Entity ID Number	2. Exact name of the Corporation		
1683037	Advanced Aesthetics Skin Care Studio, Inc		
3. Principal Office Address	City	State	Zip
532 Putnam Pike	Greenville	RI	02828
4. NAICS Code: 812990	6. Brief description of the character of business conducted in Rhode Island: Skin Care Studio and other services		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Erin K Bradford	Same
Street Address: 850 Black Plain Rd	Street Address
City: N. Smithfield; State: RI; Zip: 02896	City; State; Zip
Secretary Name: Same	Treasurer Name: Same
Street Address	Street Address
City; State; Zip	City; State; Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Same	
Street Address	Street Address
City; State; Zip	City; State; Zip
Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip

9. Shares Authorized

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
1000	Comm	.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.

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
James J Lombardi III	2/27/21

Signature of Authorized Representative

FILED
MAR - 3 2021
BY GBNSFMJ

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

FORM 630 - Revised: 08/2020