

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

**FILED**

**Annual Report for the year:** 2021

MAR 5 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.

BY A 1220

| 1. Entity ID Number<br>1709102   |             | 2. Exact name of the Corporation<br>Flawless Face, Inc.   |  |                |              |                  |              |           |     |        |                |  |  |  |
|--|-------------|---|--|----------------|--------------|------------------|--------------|-----------|-----|--------|----------------|--|--|--|
| 3. Principal Office Address<br>175 Main Street   |             |   | City<br>East Greenwich   | State<br>RI    | Zip<br>02818 |                  |              |           |     |        |                |  |  |  |
| 4. NAICS Code<br>62111   |             | 6. Brief description of the character of business conducted in Rhode Island<br>Medical/doctor's office. |  |                |              |                  |              |           |     |        |                |  |  |  |
| 5. State of Incorporation<br>Rhode Island  |             |   |  |                |              |                  |              |           |     |        |                |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |  |                |              |                  |              |           |     |        |                |  |  |  |
| President Name<br>David Bouslough  |             |   | Vice-President Name<br>None  |                |              |                  |              |           |     |        |                |  |  |  |
| Street Address<br>175 Main Street  |             |   | Street Address   |                |              |                  |              |           |     |        |                |  |  |  |
| City<br>East Greenwich   | State<br>RI | Zip<br>02818  | City   | State          | Zip          |                  |              |           |     |        |                |  |  |  |
| Secretary Name<br>David Bouslough  |             |   | Treasurer Name<br>David Bouslough  |                |              |                  |              |           |     |        |                |  |  |  |
| Street Address<br>175 Main Street  |             |   | Street Address<br>175 Main Street  |                |              |                  |              |           |     |        |                |  |  |  |
| City<br>East Greenwich   | State<br>RI | Zip<br>02818  | City<br>East Greenwich   | State<br>RI    | Zip<br>02818 |                  |              |           |     |        |                |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |             |   |  |                |              |                  |              |           |     |        |                |  |  |  |
| Director Name<br>None  |             |   | Director Name  |                |              |                  |              |           |     |        |                |  |  |  |
| 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   |             |   | 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.<br><br>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>100</td> <td>Common</td> <td>0.01 par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                |              | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 100 | Common | 0.01 par value |  |  |  |
|  |             |   | NUMBER OF SHARES   | CLASS/SERIES   | PAR VALUE    |                  |              |           |     |        |                |  |  |  |
| 100  | Common      | 0.01 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.<br><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<br>David Bouslough, President  |             |   |  | Date<br>2/3/21 |              |                  |              |           |     |        |                |  |  |  |
| Signature of Authorized Representative<br>  |             |   |  |                |              |                  |              |           |     |        |                |  |  |  |

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