



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

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 BUS SVCS DIV
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1. Entity ID Number <u>001686929</u>		2. Exact name of the Limited Liability Company <u>Felicia McKay Registered Nurse LLC</u>			
3. NAICS Code <u>812199</u>		4. Brief description of the character of business conducted in Rhode Island <u>Aesthetics Spa</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>49 North Rd</u>			City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02835</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Felicia McKay</u>			Contact Title <u>owner</u>		
Street Address <u>49 North Rd</u>			City <u>Jamestown</u>	State <u>RI</u>	Zip <u>02852</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Felicia McKay</u>			Manager Name		
Street Address <u>Same as above</u>			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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 Person <u>Felicia McKay</u>				Date <u>4/6/21</u>	
Signature of Authorized Person <u>Felicia McKay</u>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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