



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

Annual Report for the year: 2019
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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1. Entity ID Number 001686929		2. Exact name of the Limited Liability Company Felicia McKay Registered Nurse LLC					
3. NAICS Code 812199		4. Brief description of the character of business conducted in Rhode Island Aesthetics Spa					
5. State of Formation Ri							
6. Principal Office Address 49 North Rd				City Jamestown RI	State RI	Zip 02835	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Felicia McKay				Contact Title OWNER			
Street Address 49 North Rd				City Jamestown	State RI	Zip 02835	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name Felicia McKay				Manager Name			
Street Address same address as above				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 <input type="checkbox"/>							
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 Felicia McKay					Date 3/6/21		
Signature of Authorized Person Felicia McKay					SIGN DOCUMENT HERE		

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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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