RI SOS Filing Number: 202103006420 Date: 10/8/2021 4:00:00 PM



State of Rhode Island

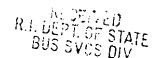
Department of State - Business Services Division

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.



2021 OCT -8 PH 3: 06

1. Entity ID Number	2. Exact n	2. Exact name of the Limited Liability Company				
000488112	Renais	Renaissance Clinique, LLC				
3. NAICS Code	4. Brief de	Brief description of the character of business conducted in Rhode Island Holistic facial and related products and services				
812990	Holistic fa					
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
57 Winfield Road			Providence	RI	02906	
7. Mailing Address of Limite	d Liability Compa	any and Name o				
Contact Name Anna Golub			Contact Title Member			
Street Address 57 Winfield Road			City Providence	State RI	^{Zip} 02906	
8. List ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			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 i	ndicate an attachment	
9. The Resident Agent infor	mation currently	of record with th	e Rf Department of State is accu	rate. Changes requir	e filing Form 642.	
Under penalty of perjury, I statements, and that all st	l declare and afi tatements conta	īrm that I have ined herein are	examined this report, including true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person				Date / O	15101	
Anna Golub				$\frac{\text{Date}}{0/5/2/}$		
Signature of Authorized Pen	sory	6				
	Helu	10 -				
	\vee					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov FILED

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