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

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2021 OEC -1 P 1: 12

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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.

	T				
1. Entity ID Number	2. Exact name of the Limited Liability Company				
535099	All about You Skin care U.C.				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
812199	Day SPA				
5. State of Formation		,			
Phode Island			<b>y-</b>		
6. Principal Office Address			City	State	Zip
3890 Post-Road			Warwick	RI	02886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name KPILI GOMEAU			Contact Title Manager		
Stroot Address 478 WauSauket Rd			City Vorucal	States	Z10 2886
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name. K & 11, GOMEQU			Manager Name		
Street Address Post Road			Street Address		
City	State	02886	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
Check the box to indicate an attachmen					
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 Passes					
Kesti Gemenu					
Signature of Authorized Person					
Ruli Comeau					

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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