State of Rhode Island
Department of State - Business Services Division

DEC 28 2021
BY 1010

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.

1. Entity ID Number	2. Exact name of the Limited Liability Company
001701068	**ALLURA MEDICAL ESTHETICS, LLC**
3. NAICS Code: 621111	4. Brief description of the character of business conducted in Rhode Island: MEDICAL ESTHETICS
5. State of Formation: RI	

6. Principal Office Address	City	State	Zip
13 SOUTH ANGELL STREET	PROVIDENCE	RI	02906

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
ELIZABETH PEREIRA	OWNER/MANAGING MEMBER		
Street Address	**City**	**State**	**Zip**
13 SOUTH ANGELL STREET	PROVIDENCE	RI	02906

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name	Street Address	City	State	Zip
N/A				
N/A				
N/A				
N/A				

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	Date
ELIZABETH PEREIRA	10/14/21

Signature of Authorized Person: Elizabeth Pereira

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov