RI SOS Filing Number: 202107536400 Date: 12/28/2021 4:00:00 PM

State of Rhode Island

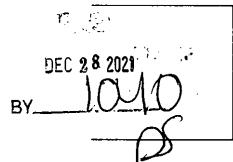
## **Department of State - Business Services Division**

## 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.



1. Entity ID Number 001701068	2. Exact name of the Limited Liability Company ALLURA MEDICAL ESTHETICS, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
621111	MEDICAL ESTHETICS						
5. State of Formation							
RI	ļ						
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 ELIZABETH PEREIRA			Contact Title OWNER/MANAGING MEMBER				
Street Address 13 SOUTH ANGELL STREET			City PROVIDENCE	State RI	<sup>Zip</sup> 02906		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name N/A			Manager Name N/A				
Street Address			Street Address				
City	State	<i>Z</i> 1p	City	State	<b>Ž</b> ip		
Manager Name N/A			Manager Name N/A				
Street Address			Street Address				
City	State	Zip	City	State	<i>Z</i> ip		
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				10/14/2	10/14/21		
Signature of Authorized Person							
Elizabeth Poseira							
					•		

MAIL TO:

**Division of Business Services** 

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

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