RI SOS Filing Number: 202326351330 Date: 1/20/2023 5:13:00 PM



State of Rhode Island Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Business Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2023

1. Corporate ID No. <u>000790793</u>

- 2. Name of Corporation SANCTUARY CLINICAL SKINCARE STUDIO, INC.
- 3. Street Address Principal Business Office:

No. and Street: 375 WAMPANOAG TRAIL

SUITE 105

City or Town: RIVERSIDE State: RI Zip: 02915 Country: USA

4. Business Phone No.

4015732732

5. State of Incorporation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

812112

6. Brief Description of the Character of Business Conducted in Rhode Island

SKINCARE (FACIALS. CHEMICAL PEELS, WAXING)

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JENNIFER TOOLE	6 ROSE ANN CT SEEKONK, MA 02771 USA
VICE PRESIDENT	KEVIN TOOLE	6 ROSE ANN CT SEEKONK, MA 02771 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
STK		\$0.0100	100.00	100

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 20 Day of January, 2023 at 5:17:08 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By JENNIFER TOOLE

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved