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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED	
APR x 2 2024	
BYY 4 1443.	

1. Entity ID Number	2. Exact name of the Limited Liability Company					
000535099	All about You 6kin care U.C.					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
5. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
RI						
6. Principal Office Address		City	State	Zio 2.886		
28E Andrew Corr	1240CK KID	Warunck		02880		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name		Contact Title				
Kelli P Go	meau.	owner				
Street Address		City	State	Zip		
3890 Post Road	d	Waruck	KI	^{zip} 2886		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
9. 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	1 (
Kelli Varadise Gameau			3/29/2024			
Signature of Authorized Person						
Keeli Paradise Coneau						

MAIL TO:

Division of Business Services

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

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