RI SOS Filing Number: 202455003690 Date: 5/28/2024 4:00:00 PM

Ç. Per≀	ME
<u> </u>	1
Į,	

## State of Rhode Island

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

Department of St	Division	• -		STA				
Annual Report for the year: Corporation	nual Report for the year: 2024 poration			MAY 2 8 2024 20032				
<ul> <li>→ Filing period: February 1 -</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00</li> </ul>		ot filed by May 31.		2	<u> </u>	5 <i>U</i>	. •	
Entity ID Number	2. Exact name of the Corporation							
93897	Esthetique, Inc.							
Principal Office Address			City		State		Zip	
709 Oaklawn Ave			Cranston	l	RI		02920	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
812990	TO engage in the performance of skin care and distribution of products.							
5. State of Incorporation	1							
RI								
7. List ALL officers (names and ad	dresses)			Check the b	ox to indi	cate an att	achment 🔲	
President Name Mari Pellegrino Capuano			Vice-President	Vice-President Name Joseph Capuano				
Street Address 5 Byron Randall Road			Street Address	Street Address 5 Byron Randall Road				
City Johnston	State RI	<sup>Zip</sup> 02919	City Johnston		State	RI	Zip 02919	
Secretary Name Same		, , , , , , , , , , , , , , , , , , ,	Treasurer Name Same as above					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
8. List ALL directors (names and a	ddresses)			Check the b	ox to indi	cate an all	achment 🔲	
Director Name None		Director Name None						
Street Address	Street Address			Street Address				
City	State	Zip	City		State		Zip	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zíp	City		State		Zip	
9. Shares Authorized		10. Shares Issi		Check the b		icate an at		
This information is currently of record in the Department of State.		NUMBER OF	F SHARES CLASS/SI		PAR VALUE			
Changes require an additional filing.								
11. This report must be executed of		•	•	•	oration is	in the hand	ds of a re-	
ceiver or trustee, this report must to Under penalty of perjury, I declar	re and affirm ti	hat I have examine	nd this report, in		npanying	schedule	s and	
statements, and that all stateme Name of Authorized Representativ	<u>nts contained :</u> 'e	herein are true and	d correct.		Date		<del></del>	
			4/25/24					
MARI Pellegr Signature of Authorized Represent	tative //	<del>/</del>		•				
I MUU KUNUITI	uo Uuni	1an O						

MAIL TO:

**Division of Business Services** 

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

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