



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Limited Liability Company

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 001719582		2. Exact name of the Limited Liability Company Flawless SKin by Lori	
3. NAICS Code 812112		4. Brief description of the character of business conducted in Rhode Island SKin Health	
5. State of Formation RI			
6. Principal Office Address 71 Oakridge Rd		City West Greenwich	State RI
		Zip 02817	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Lori Waterman		Contact Title Owner	
Street Address 71 Oakridge Rd		City West Greenwich	State RI
		Zip 02817	
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 Lori Waterman			Date 10-28-24
Signature of Authorized Person <i>[Signature]</i>			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY

[Signature]
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