

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	2. Exact name of the Limited Liability Company					
001719582	Flautess Skin by Lori					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
812112	Skin Health					
5. State of Formation						
RI						
6. Principal Office Address		City	State	Zip		
71 Oakridge Rd		West Breenvich	27_	02817		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name	Contact Title					
Logi Waterma	Owner					
Street Address		City	State	Zip		
121 Oaknow Rd		West Branwich	RI	12817		
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						
Lorer Waterman		10-28-24				
Signature of outhorized Person What Wall The state of t						

MAIL TO:

Division of Business Services

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

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