



State of Rhode Island  
Department of State - Business Services Division

### Amendment of Statement of Qualification

DOMESTIC Limited Liability Partnership

→ Filing Fee: \$50.00

The undersigned, desiring to amend the Statement of Qualification of Limited Liability Partnership under and by virtue of the power conferred by RIGL 7-12.1-901, hereby executes the following Amendment to the Statement of Qualification of Limited Liability Partnership:

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2023 MAR - 1 P 12:08

1. Entity ID Number:  001748015	2. The name of the partnership is:  Beyond Beauty RI LLP
3. If the entity's name is changing, state the new name:  Beyond Beauty Medspa RI LLP <span style="float: right;">Check the box to indicate no change <input type="checkbox"/></span>	
4. The date of filing of the Statement of Qualification is:  3/1/2023	
5. If adding or amending additional provisions, complete the following section: Partner's name changing from CORETTA ANAWI TO CORETTA ANT WI. Partner's address change to 1635 MINERAL SPRING AVE SUITE 207, NORTH PROVIDENCE, RI 02904 FROM 18 SPRINGDALE AVE, NORTH PROVIDENCE, RI 02904 - ADD PARTNER - STALY MEMSAH, 1635 MINERAL SPRING AVE, NORTH PROVIDENCE, RI 02904 Check the box to indicate an attachment <input type="checkbox"/> <span style="float: right;">Check the box to indicate no change <input type="checkbox"/></span>	
6. As required by RIGL 7-12.1, the partnership has paid all fees and taxes.	
7. Date when this Certificate of Amendment will be effective: CHECK ONE BOX ONLY <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing)	
Under penalty of perjury, I/we declare and affirm that I/we have examined this Amendment to Statement of Qualification of Limited Liability Partnership, including any accompanying attachments, and that all statements contained herein are true and correct.	
Type or Print Name of Authorized Person  CORETTA ANT WI	
Signature of Authorized Person  	Date  3/1/2023

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

12:08

STAMP  
FILED MP  
MAR 01 2023  
BY MLG/KG/94



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

March 01, 2023 12:08 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

