



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>6153038</u>		2. Name of Corporation <u>The Nutrition House, Inc.</u>			
3. Street Address Principal Business Office <u>125 Loring St.</u>		City <u>Manchester</u>	State <u>NH</u>	Zip <u>03103</u>	
4. Business Phone No. <u>(603) 641-1829 x111</u>		5. State of Incorporation <u>New Hampshire</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Gerald Lacroix</u>		Vice President Name <u>Stephanie Rawson</u>			
Street Address <u>125 Loring St.</u>		Street Address <u>125 Loring St.</u>			
City <u>Manchester</u>	State <u>NH</u>	Zip <u>03103</u>	City <u>Manchester</u>	State <u>NH</u>	Zip <u>03103</u>
Secretary Name <u>Kirk Rawson</u>		Treasurer Name <u>Gerald Lacroix</u>			
Street Address <u>125 Loring St.</u>		Street Address <u>125 Loring St.</u>			
City <u>Manchester</u>	State <u>NH</u>	Zip <u>03103</u>	City <u>Manchester</u>	State <u>NH</u>	Zip <u>03103</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>Gerald Lacroix</u>		Director Name <u>Stephanie Rawson</u>			
Street Address <u>125 Loring St.</u>		Street Address <u>125 Loring St.</u>			
City <u>Manchester</u>	State <u>NH</u>	Zip <u>03103</u>	City <u>Manchester</u>	State <u>NH</u>	Zip <u>03103</u>
Director Name <u>Kirk Rawson</u>		Director Name			
Street Address <u>125 Loring St.</u>		Street Address			
City <u>Manchester</u>	State <u>NH</u>	Zip <u>03103</u>	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Signature Stephanie Rawson Date 8/20/09
Print or Type Name STEPHANIE RAWSON
Title V-Pres.

File Date FILED
Check No. <u>AUG 24 2009</u>
By: <u>17692</u>
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