



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 488148		2. Exact name of the Corporation Nutrition Care, Inc.			
3. Principal office address 420 Scrabbletown Road			City North Kingstown	State RI	Zip 02852
4. Business Phone No. 401-667-0452			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Nutrition Counseling Service					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Cynthia P. Sawicky			Vice-President Name Thomas E. Sawicky		
Street Address 105 Old Voluntown Road			Street Address 105 Old Voluntown Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Secretary Name Thomsen P. Sawicky			Treasurer Name Cynthia P. Sawicky		
Street Address 206 Capstan Street			Street Address 105 Old Voluntown Road		
City Jamestown	State RI	Zip 02835	City Exeter	State RI	Zip 02822
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Cynthia P Sawicky			Director Name Thomas E, Sawicky		
Street Address 105 Old Voluntown Road			Street Address 105 Old Voluntown Road		
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822
Director Name Thomsen E. Sawicky			Director Name none		
Street Address 206 Capstan Street			Street Address none		
City Jamestown	State RI	Zip 02835	City none	State none	Zip none
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	none	none

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.

FILED

File Date

FEB 23 2012

Check No

322

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.

Cynthia P. Sawicky
 Signature of Authorized Representative

2-22-12
 Date

Cynthia P. Sawicky
 Print or Type Name of Authorized Representative

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