



**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 2016**

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. <b>794637</b>		2. Exact name of the Corporation <b>Evolution Nutrition Inc.</b>			
3. Principal office address <b>450 Veterans Memorial Parkway, Unit 8C</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
4. Business Phone No. <b>(401) 254-3900</b>			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Mobile registered dietician staffing service</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
President Name <b>Emily DelConte</b>			Vice-President Name <b>Michael W. Morin</b>		
Street Address <b>257 Forest Avenue</b>			Street Address <b>c/o Swansea Total Fitness, 207 Swansea Mall Drive</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>
Secretary Name <b>Michael W. Morin</b>			Treasurer Name <b>Geoffrey C. Morin</b>		
Street Address <b>c/o Swansea Total Fitness, 207 Swansea Mall Drive</b>			Street Address <b>c/o Swansea Total Fitness, 207 Swansea Mall Drive</b>		
City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>Michael W. Morin</b>			Director Name <b>Geoffrey C. Morin</b>		
Street Address <b>c/o Swansea Total Fitness, 207 Swansea Mall Drive</b>			Street Address <b>c/o Swansea Total Fitness, 207 Swansea Mall Drive</b>		
City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>
Director Name <b>Emily DelConte</b>			Director Name <b>Elizabeth Morin</b>		
Street Address <b>257 Forest Avenue</b>			Street Address <b>25 Olympia Avenue</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Tiverton</b>	State <b>RI</b>	Zip <b>02878</b>
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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
			100	COMMON	NO 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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**  
**FEB 16 2016**  
**1854**

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.

*Emily DelConte*  
 Signature of Authorized Representative

*1/29/16*  
 Date

**Emily DelConte, President**

Print or Type Name of Authorized Representative

**Evolution Nutrition Inc.**  
**ANNUAL REPORT CONTINUED**  
**for 2016**

Vice President : Geoffrey C. Morin  
c/o Swansea Total Fitness  
207 Swansea Mall Drive  
Swansea, MA 02777