



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

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Business Corporation
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000012081

2. Name of Corporation Lang Pharma Nutrition, Inc.

3. Street Address Principal Business Office:

No. and Street: 20 SILVA LANE
City or Town: MIDDLETOWN

State: RI

Zip: 02842

Country: USA

4. Business Phone No.

401-848-7700

5. State of Incorporation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

42

6. Brief Description of the Character of Business Conducted in Rhode Island

WHOLESALE SUPPLEMENTS AND FOOD PRODUCTS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	NEIL HOCKSTAD	20 SILVA LANE MIDDLETOWN, RI 02842 USA
TREASURER	DAVID LANG	20 SILVA LANE MIDDLETOWN, RI 02842 USA

SECRETARY	RICHARD LANG	20 SILVA LANE MIDDLETOWN, RI 02842 USA
VICE PRESIDENT	RICHARD LANG	20 SILVA LANE MIDDLETOWN, RI 02842 USA
DIRECTOR	DAVID LANG	20 SILVA LANE MIDDLETOWN, RI 02842 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	8,000.00	200

9. 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.

Signed this 19 Day of January, 2017 at 2:57:22 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By DAVID LANG
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, 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:

Nellie M. Gorbea
Secretary of State

