State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV
2018 MAR -1 PM 1:31

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
1676452	Liz Fayram RDN Nutrition Counseling Inc.			
3. Principal Office Address		City	State	Zip
1 Richmond Square, #158E		Providence	RI	02906
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621330	Nutrition counseling			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Elizabeth F. Fayram			Vice-President Name		
Street Address: 1 Richmond Square, #158E			Street Address		
City: Providence	State: RI	Zip: 02903	City	State	Zip
Secretary Name: Elizabeth F. Fayram			Treasurer Name: Elizabeth F. Fayram		
Street Address: 1 Richmond Square, #158E			Street Address: 1 Richmond Square, #158E		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	$.01

11. 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.

Name of Authorized Representative: **Elizabeth F. Fayram, President** — Date: 2/28/18

Signature of Authorized Representative: E Fayram, President

FILED
MAR 01 2018
BY 1026 KM

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