



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

Annual Report for the year: 2018
Corporation

Stamp

- 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 794637		2. Exact name of the Corporation Evolution Nutrition Inc.			
3. Principal Office Address 450 Veterans Memorial Parkway, Unit 8C			City East Providence	State RI	Zip 02914
4. NAICS Code 621399		6. Brief description of the character of business conducted in Rhode Island Mobile Registered Dietitian Staffing Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Emily DelConte			Vice-President Name Michael W. Morin		
Street Address 45 Robin Road			Street Address c/o Swansea Total Fitness, 207 Swansea Mall Drive		
City Portsmouth	State RI	Zip 02871	City Swansea	State MA	Zip 02777
Secretary Name Michael W. Morin			Treasurer Name Geoffrey C. Morin		
Street Address c/o Swansea Total Fitness, 207 Swansea Mall Drive			Street Address c/o Swansea Total Fitness, 207 Swansea Mall Drive		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Emily DelConte			Director Name Micheal W. Morin		
Street Address 45 Robin Road			Street Address c/o Swansea Total Fitness, 207 Swansea Mall Drive		
City Portsmouth	State RI	Zip 02871	City Swansea	State MA	Zip 02777
Director Name Elizabeth Morin			Director Name Geoffrey C. Morin		
Street Address 25 Olympia Avenue			Street Address c/o Swansea Total Fitness, 207 Swansea Mall Drive		
City Tiverton	State RI	Zip 02878	City Swansea	State MA	Zip 02777
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	No Par Value
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 Geoffrey C. Morin					Date 2/15/18
Signature of Authorized Representative FILED					

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

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Evolution Nutrition Inc.
ANNUAL REPORT CONTINUED
for 2018

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