



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


Annual Report for the year: **2019**
Corporation

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

FILED

MAR 04 2019

BY 215 LD

1. Entity ID Number 1683178		2. Exact name of the Corporation Best Life Nutrition Co.			
3. Principal Office Address 680 Douglas Avenue			City Providence	State RI	Zip 02908
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Nutrition counseling			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jennifer L. Martino			Vice-President Name		
Street Address 680 Douglas Avenue			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Jennifer L. Martino			Treasurer Name Jennifer L. Martino		
Street Address 680 Douglas Avenue			Street Address 680 Douglas Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <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	\$.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 Jennifer L. Martino, President					Date 2-1-19
Signature of Authorized Representative 					

SIGN OR CLERK HERE