



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

Annual Report for the year: **2020**
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

STAMP
FEB 10 2020

BY 3418

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 02814										
4. NAICS Code 621399	6. Brief description of the character of business conducted in Rhode Island Mobil Registered Dietician Staffing Service											
5. State of Incorporation Rhode Island												
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 Total Fitness Clubs, 360 Faunce Corner Road										
City Portsmouth	State RI	City North Dartmouth	State MA									
Zip 02871		Zip 02747										
Secretary Name None		Treasurer Name Geoffrey C. Morin										
Street Address		Street Address c/o Total Fitness Clubs, 360 Faunce Corner Road										
City	State	City North Dartmouth	State MA									
Zip		Zip 02747										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name Michael W. Morin		Director Name Geoffrey C. Morin										
Street Address c/o Total Fitness Clubs, 360 Faunce Corner Road		Street Address c/o Total Fitness Clubs, 360 Faunce Corner Road										
City North Dartmouth	State MA	City North Dartmouth	State MA									
Zip 02747		Zip 02747										
Director Name Emily DelConte		Director Name Elizabeth Morin										
Street Address 45 Robin Road		Street Address 25 Olympia Avenue										
City Portsmouth	State RI	City Tiverton	State RI									
Zip 02871		Zip 02878										
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>										
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
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. <i>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.</i>												
Name of Authorized Representative Geoffrey C. Morin		Date 1/21/20										
Signature of Authorized Representative 		SIGN DOCUMENT HERE										

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

FORM 630 - Revised: 10/2017

Evolution Nutrition Inc.
ANNUAL REPORT CONTINUED
for 2020

ID
794637

Vice President : Geoffrey C. Morin
c/o Total Fitness Clubs, Inc.
360 Faunce Corner Road - Box 13
North Dartmouth, MA 02747

FILED

FEB 10 2020

BY

3418

202