



**State of Rhode Island  
Office of the Secretary of State**

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

**Certificate Request Form**

**Request Information**

ID	ENTITY NAME	CERTIFICATE TYPE
000794637	Evolution Nutrition Inc.	Certificate of Good Standing

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: Filings Team

Business Name:

No. and Street: 906 W 2nd Ave STE 100

City or Town: Spokane

State: WA

Zip: 99201

Country: USA

Contact Phone: ext:

Contact Email: ne@northwestregisteredagent.com