



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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

FEB 04 2021

BY

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 Dietician Staffing Service			
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 Total Fitness Clubs, 360 Faunce Corner Rd, Box 13		
City Portsmouth	State RI	Zip 02871	City North Dartmouth	State MA	Zip 02747
Secretary Name None			Treasurer Name Geoffrey C. Morin		
Street Address			Street Address c/o Total Fitness Clubs, 360 Faunce Corner Rd, Box 13		
City	State	Zip	City North Dartmouth	State MA	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 Rd, Box 13			Street Address c/o Total Fitness Clubs, 360 Faunce Corner Rd, Box 13		
City North Dartmouth	State MA	Zip 02747	City North Dartmouth	State MA	Zip 02747
Director Name Emily DelConte			Director Name Elizabeth Morin		
Street Address 45 Robin Road			Street Address 25 Olympia Avenue		
City Portsmouth	State RI	Zip 02871	City Tiverton	State RI	Zip 02878
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		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 1/15/21
Signature of Authorized Representative 					

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: 08/2020

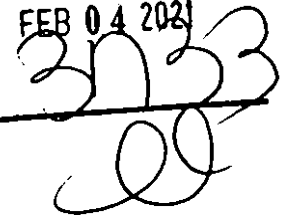
Evolution Nutrition Inc.
ANNUAL REPORT CONTINUED
for 2021

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

FILED

FEB 04 2021

BY

A handwritten signature in black ink, appearing to be "3033" with a flourish underneath.