State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2023

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

JAN 25 2023

BY

1. Entity ID Number	2. Exact name of the Corporation			
93766	Why Weight? Inc.			
3. Principal Office Address		**City**	**State**	**Zip**
5 Cedar Forest Rd		No. Smithfield	RI	02896
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**			
621330	To assist individuals with weight loss and relapse prevention.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Lauren Canuel			Vice-President Name: None		
Street Address: 5 Cedar Forest Rd			Street Address:		
City: No. Smithfield	State: RI	Zip: 02896	City:	State:	Zip:
Secretary Name: None			Treasurer Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: None			Director Name: None		
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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	0	0	0

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	Date
Lauren Canuel	1-5-2023

Signature of Authorized Representative: Lauren Canuel

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