



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

APR 21 2023
1204 R

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entry ID Number 1676452		2. Exact name of the Corporation From The Heart Nutrition Counseling Inc.			
3. Principal Office Address 1 Richmond Square, #134C		City Providence	State RI	Zip 02906	
4. NAICS Code 621330		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 Elizabeth F. Fayram		Vice-President Name			
Street Address 1 Richmond Square, #134C		Street Address			
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Elizabeth F. Fayram		Treasurer Name Elizabeth F. Fayram			
Street Address 1 Richmond Square, #134C		Street Address 1 Richmond Square, #134C			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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. <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 Elizabeth F. Fayram, President				Date 4/15/23	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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