



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

ST-1

REC'D RI SOS  
24 APR 2024 PM 3:42:26

1. Entity ID Number <b>001678768</b>		2. Exact name of the Corporation <b>HealThy Self Nutrition, Inc.</b>			
3. Principal Office Address <b>59 Bratt Ln</b>			City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
4. NAICS Code <b>541990</b>		6. Brief description of the character of business conducted in Rhode Island <b>Nutrition consulting</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Amanda Rigby</b>			Vice-President Name		
Street Address <b>59 Bratt Ln</b>			Street Address		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <input type="radio"/>		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
		<b>0</b>		<b>CMP</b>	<b>0</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Amanda Rigby</b>				Date <b>03/21/24</b>	
Signature of Authorized Representative <i>Amanda Rigby</i>				<b>APR 22 2024</b>	

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

BY **h2869**