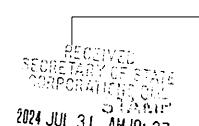
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State of Rhode Island

Department of State - Business Services Division



Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-1.2-402</u> , the undersigned business corporation hereby submits	
the following statement for authority to transact business in the state of Rhode Island under a	
e and the second se	

fictitious business name:				
1. Entity ID Number:	2. The name of the Corporation is:			
000794637	Evolution Nutrition Inc			
3. The fictitious business nam	ne to be used is:			
Dietitian Billing Soluti	ons			
The corporation is organized under the laws of:		5. The date of incorporation is:		
Rhode Island		11/26/2012		
6. The address of its registered office within Rhode Island is:				
Street Address		1481	WampanoAag	
City East Providence		State RHODE ISLAND	^{Zip} 0291 5	
7. The business in which it is	engaged:			
Medical Billing for Dietitians				
8. Applicant is otherwise authorized to do business in the state of Rhode Island.				
9. Under penalty of perjury, I of information contained herein.		amined this Fictitious B	usiness Name Statement and that the	
Name of Authorized Officer of	the Corporation		Date	
Geoff Morin, Vice Presid	lent		07/26/2024	
Signature of Authorized Office	er of the Corporation			
pesty (Mani				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 31 2024

BY (A HC)

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

July 31, 2024 10:37 AM

Gregg M. Amore Secretary of State

Tregs M. Coure

