

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000001448

Entity Name: LANG PHARMA NUTRITION, INC.

Current Principal Place of Business:

20 SILVA LANE
MIDDLETOWN, RI 02824

Current Mailing Address:

20 SILVA LANE
MIDDLETOWN, RI 02824 US

FEI Number: 05-0408208

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES/CEO
Name LANG, DAVID
Address 20 SILVA LANE
City-State-Zip: MIDDLETOWN RI 02824

Title TREA
Name WEINBERG, STEWART
Address 20 SILVA LANE
City-State-Zip: MIDDLETOWN RI 02824

Title DIR
Name SMEDSRUD, TROND ATLE
Address 20 SILVA LANE
City-State-Zip: MIDDLETOWN RI 02824

Title VP/SEC
Name LANG, RICHARD
Address 20 SILVA LANE
City-State-Zip: MIDDLETOWN RI 02824

Title DIR
Name JOHANSEN, MATTS
Address 20 SILVA LANE
City-State-Zip: MIDDLETOWN RI 02824

Title DIR
Name KLAVENESS, KATRINE
Address 20 SILVA LANE
City-State-Zip: MIDDLETOWN RI 02824

Title DIR
Name DE HAAS, TIM
Address 20 SILVA LANE
City-State-Zip: MIDDLETOWN RI 02824

Title ASST. TREASURER
Name ELLICH, VERA
Address 20 SILVA LANE
City-State-Zip: MIDDLETOWN RI 02824

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VERA ELLICH

ASST. TREASURER

03/16/2021

Electronic Signature of Signing Officer/Director Detail

Date