

1097177100036



## Office of the Minnesota Secretary of State

### Minnesota Public Benefit Corporation / Annual Benefit Report

*Minnesota Statutes, Chapter 304A*

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**Read the instructions before completing this form Must be filed by March 31**

**Filing Fee: \$55 for expedited service in-person, \$35 if submitted by mail**

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The Annual Benefit Report covers the 12 month period ending on December 31 of the previous year. Notice: Failure to file this form by March 31 of this year will result in the revocation of the corporation's public benefit status without further notice from the Secretary of State, pursuant to Minnesota Statutes, Section 304A,301

1. Corporate Name: Pro Inspire Training, SBC
2. The public benefit corporation's board of directors has reviewed and approved this report. Yes, we have and approve of this report.
3. In the field below, enter the information required by section 304A.301 subd. 2 or 3 for the period covered by this report,

Pro Inspire Training, SBC continues to work on opening an addiction recovery focused fitness center and community in St. Paul, MN. Our efforts include attending Opioid Epidemic Response Advisory Council meetings. Raising awareness of our efforts by networking with Representative Baker, Senator Eaton (both directly involved with opioid relief campaigns) and other important foundations who specifically aid in the battle against addiction. We have also had meetings with various sober housing programs, MN Recovery Connection and addiction recovery facilities to gain interest and awareness on our program. Our social media specifically targets addiction recovery and a healthy fit lifestyle.

4. I, the undersigned, certify that, **Ben Carlson** the chief executive officer of this public benefit corporation. I further certify that I have signed this document no more than 30 days before the document is delivered to the secretary of state for filing, and that this document is current when signed. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Signature of Public Benefit Corporation's Chief Executive Officer

*Ben Carlson*

**3-31-20** (Must be dated within 30 days before the report is delivered to the Secretary of State for Filing)

**Email Address for Official Notices**

Enter an email address to which the Secretary of State can forward official notices required by law and other notices: **proinspiretraining@gmail.com**

Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law,

**List a name and daytime phone number of a person who can be contacted about this form:**

Contact Name: **Ben Carlson**

Phone Number: **612-239-4010**



**Work Item 1151504600034**  
**Original File Number 1097177100036**

STATE OF MINNESOTA  
OFFICE OF THE SECRETARY OF STATE  
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**03/31/2020 11:59 PM**

*Steve Simon*

Steve Simon  
Secretary of State