



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>910549</b>		2. Exact name of the Corporation <b>NATURAL HEALTH FORMULA INC.</b>			
3. Principal office address <b>452 GREAT RD STE 3</b>		City <b>ACTON</b>	State <b>MA</b>	Zip <b>01720</b>	
4. Business Phone No. <b>978-263-0600</b>		5. State of Incorporation <b>MA</b>			
6. Brief description of the character of business conducted in Rhode Island <b>ON-LINE RETAIL B2C</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>GEOFFREY PURDOM</b>			Vice-President Name <b>DIANE PURDOM</b>		
Street Address <b>7 HAZELNUT ST</b>			Street Address <b>7 HAZELNUT ST</b>		
City <b>ACTON</b>	State <b>MA</b>	Zip <b>01720</b>	City <b>ACTON</b>	State <b>MA</b>	Zip <b>01720</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>SOPHIE PURDOM</b>			Director Name <b>EMILY PURDOM</b>		
Street Address <b>7 HAZELNUT ST</b>			Street Address <b>7 HAZELNUT ST</b>		
City <b>ACTON</b>	State <b>MA</b>	Zip <b>01720</b>	City <b>ACTON</b>	State <b>MA</b>	Zip <b>01720</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>1000</b>	<b>CWP</b>	<b>\$0.01</b>

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

10:52 AM  
**FILED**

AUG 24 2015

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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.

**G. PL** 8/19/15  
Signature of Authorized Representative Date

**GEOFFREY PURDOM**  
Print or Type Name of Authorized Representative