



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 **2016**

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. 117197		2. Exact name of the Corporation HERBWISE NATURALS, INC.			
3. Principal office address 35 Broad Street			City Westerly	State RI	Zip 02891
4. Business Phone No. 401-596-7815			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Engage in the safe distribution of natural personal care products, herbs, teas and natural vitamins.					
INSTALL ADDITIONAL MAILING ADDRESSES (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name Rodney Petruska			Vice-President Name Susan Adams		
Street Address P.O. Box 92			Street Address P.O. Box 92		
City Rockville	State RI	Zip 02873	City Rockville	State RI	Zip 02873
Secretary Name Susan Adams			Treasurer Name Rodney Petruska		
Street Address P.O. Box 92			Street Address P.O. Box 92		
City Rockville	State RI	Zip 02873	City Rockville	State RI	Zip 02873
INSTALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name Rodney Petruska			Director Name		
Street Address P.O. Box 92			Street Address		
City Rockville	State RI	Zip 02873	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. 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
			200	Common	None

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: _____
 Original: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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.

Rodney Petruska 1-30-16
 Signature of Authorized Representative Date

Rodney Petruska, President

Print or Type Name of Authorized Representative

FILED

FEB 04 2016

BY KL 6503