



State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV.

JUL 27 AM 10:38

Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

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

1. Entity ID Number		2. Exact name of the Corporation			
308392		STERLING NATURAL SCIENCE CORP.			
3. Principal Office Address			City	State	Zip
12 BUFFALO AVE.			WARREN	RI	02885
4. Business Phone Number		5. State of Incorporation			
401 419-7750		RI			
6. Brief description of the character of business conducted in Rhode Island					
ANTI-BACTERIAL & PERSONAL CARE PRODUCTS					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name			Vice-President Name		
DR. SAMY ASHKAR					
Street Address			Street Address		
12 BUFFALO AVE.					
City	State	Zip	City	State	Zip
WARREN	RI	02885			
Secretary Name			Treasurer Name		
JOHN C. WHISTLER			JOHN C. WHISTLER		
Street Address			Street Address		
10 NAYATT RD.			10 NAYATT RD.		
City	State	Zip	City	State	Zip
BARRINGTON	RI	02806	BARRINGTON	RI	02806
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name			Director Name		
DR. SAMY ASHKAR			NEVILLE BEDFORD		
Street Address			Street Address		
12 BUFFALO AVE.			111 FRANKLIN ST.		
City	State	Zip	City	State	Zip
WARREN	RI	02885	BRISTOL	RI	02809
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			15,000	A	\$0.00
11. 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.					
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.					
Name of Authorized Representative					Date
JOHN C. WHISTLER					7/27/16
Signature of Authorized Representative					FILED
					SIGN DOCUMENT HERE

JUL 27 2016

By 279978

STERLING NATURAL SCIENCE CORP.

308392

DIRECTOR no. 3:

JOHN C. WHISTLER  
10 NAYATT ROAD  
BARRINGTON, RI  
02806