



Department of State - Business Services Division

STAMP

Annual Report for the year: **2018**
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000117197		2. Exact name of the Corporation HERBWISE NATURALS, INC.			
3. Principal Office Address 35 Broad Street		City Westerly		State RI	Zip 02891
4. NAICS Code 484390		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.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an 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	City Rockville		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	City Rockville		Zip 02873
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rodney Petruska			Director Name		
Street Address P.O. Box 92			Street Address		
City Rockville		State RI	City		Zip
Director Name			Director Name		
Street Address			Street Address		
City		State	City		Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			200		Common
					PAR VALUE
					None
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. <i>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.</i>					
Name of Authorized Representative Rodney Petruska, President				Date 3-08-18	
Signature of Authorized Representative <i>Rodney Petruska</i>			SIGN DOCUMENT HERE FILED		

MAR 18 2018
 BY JAD/AS