



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

Annual Report for the year: 2018
Corporation

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SECRETARY OF STATE
CORPORATIONS DIV

2018 OCT -1 PM 2:49

- 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 308392		2. Exact name of the Corporation STERLING NATURAL SCIENCE CORP.	
3. Principal Office Address 12 Buffalo Ave.		City Warren	State RI
		Zip 02885	
4. NAICS Code 81325414	5. Brief description of the character of business conducted in Rhode Island Anti-bacterial & personal care products		
6. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Dr. Samy Ashkar		Vice-President Name	
Street Address 12 Buffalo Ave.		Street Address	
City Warren	State RI	City	State
Zip 02885		Zip	
Secretary Name John C. Whistler		Treasurer Name	
Street Address 10 Nayatt Rd.		Street Address	
City Barrington	State RI	City	State
Zip 02806		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name John C. Whistler		Director Name Dr. Samy Ashkar	
Street Address AS ABOVE		Street Address AS ABOVE	
City AS ABOVE	State AS ABOVE	City AS ABOVE	State AS ABOVE
Zip AS ABOVE		Zip AS ABOVE	
Director Name Neville Bedford		Director Name	
Street Address 111 Franklin St.		Street Address	
City Bristol	State RI	City	State
Zip 02809		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES 15,000	CLASS/SERIES A
			PAR VALUE \$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 John C. Whistler		Date 9	
Signature of Authorized Representative 		FILED OCT 01 2018	