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

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SECRETARY OF STATE
CORPORATIONS DIV

2018 OCT -1 PM 2:49

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	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. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
325414	Anti-bacterial & personal care products			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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	
Street Address	Street Address
10 Nayatt Rd.	
City / State / Zip	City / State / Zip
Barrington / RI / 02806	

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
John C. Whistler	Dr. Samy Ashkar
Street Address	Street Address
AS ABOVE	AS ABOVE
City / State / Zip	City / State / Zip
Director Name	Director Name
Neville Bedford	
Street Address	Street Address
111 Franklin St.	
City / State / Zip	City / State / Zip
Bristol / RI / 02809	

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	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: John C. Whistler

Date: 9

Signature of Authorized Representative: John C. Whistler

FILED
OCT 01 2018
BY Cn 0C3V1

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017