



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP  
 MAR 23 2023  
 BY 33140

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 446191		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) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
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
9. Shares Authorized			10. Shares Issued <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>		
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 3/15/2023
Signature of Authorized Representative 					

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