



**State of Rhode Island
Department of State - Business Services Division**


Annual Report for the year: 2024

Corporation

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

FEB 14 2024

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1. Entity ID Number 000797428		2. Exact name of the Corporation NATURAL ALTERNATIVES INC			
3. Principal Office Address PO BOX 9126			City Providence	State RI	Zip 02940
4. NAICS Code 621310		6. Brief description of the character of business conducted in Rhode Island TRAVELING NATURAL ALTERNATIVES FOR PAIN, WELLNESS, ANTIAGING, CHIROPRACTIC SERVICES, PHYSIOTHERAPY, SUPPLEMENTS, EXERCISE, HOLISTIC COACHING & COVERAGE			
5. State of Incorporation DELAWARE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dr. Jennifer Sarkas			Vice-President Name		
Street Address 28 Dorset Rd			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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	
				PAR VALUE	
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 Dr. Jennifer A. Sarkas					Date 2/10/2023
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov