



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2025 JAN 16 PM 3:03

1. Entity ID Number 000797428		2. Exact name of the Corporation NATURAL ALTERNATIVES INC.			
3. Principal Office Address 100 Lafayette Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 621310		6. Brief description of the character of business conducted in Rhode Island NATURAL ALTERNATIVES FOR PAIN, WELLNESS, EXERCISE , SUPPLEMENTS, ANTIAGING, CHIROPRACTIC SERVICES, PHYSIO/PHYSICAL THRERAPY .			
5. State of Incorporation DELAWARE					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Dr. Jennifer A. 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name NONE			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. <b>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.</b>					
Name of Authorized Representative Dr. Jennifer A. Sarkas				Date 01/11/2025	
Signature of Authorized Representative					

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BY