RI SOS Filing Number: 201608404210 Date: 09/06/2016 4:00 PM

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 SEP -6 PM 2:23

1. Entity ID Number	2. Exact name of the Corporation		
000504552	ZA ZA TRADING INC		
3. Principal Office Address	City	State	Zip
86 William Street	Newport	RI	02840
4. Business Phone Number	5. State of Incorporation		
401-619-5767	RI		

6. Brief description of the character of business conducted in Rhode Island

Men and women's clothing with accents for the home

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

President Name	Vice-President Name
Thomas Ribeiro	Erin P Rheinberger Ribeiro
Street Address: 86 William Street	Street Address: ~~37 William St #2~~ 353 Gibbs Ave.
City: Newport, State: RI, Zip: 02840	City: Newport, State: RI, Zip: 02840
Secretary Name: none	Treasurer Name: none
Street Address	Street Address
City, State, Zip	City, State, Zip

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

Director Name	Director Name
none	none
Street Address	Street Address
City, State, Zip	City, State, Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	100.00	STK	$0.0100

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	Date
Erin P.R. Ribeiro	8/16/16

Signature of Authorized Representative

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

141541-1-1130096

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BY 2828554