State	of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	treet 04-2615	
Foreign Business Corpor Annual Report Filing Period: January 1 - March			
In accordance with R.I.G.L. 7-1.2 annual report within thirty (30) da (c&d)) is subject to a penalty fee	ys after the time prescribed by I		
ANNUAL REPORT YEAR: 201	7		
1. Corporate ID No. 0016	<u>62925</u>		
2. Name of Corporation Mar	tin Lader CFP Inc.		
3. Street Address Principal Bu	siness Office:		
	<u>SSER TRAIL</u> ESTOWN State:	<u>RI</u> Zip: <u>02813</u> Cou	ntry: <u>USA</u>
4. Business Phone No.			
401-213-6664			
5. State of Incorporation			
State: <u>CT</u>			
	ARTICLE III		
Using the following NAICS code	s, please select the code that b	est describes your business.	
NAICS Code		6 52	23110
6. Brief Description of the Cha	aracter of Business Conducte		
PROVIDE FINANCIAL SER	VICES TO MY CLIENTS		
7. Names and Addresses of th All officers and directors m			
Title	Individual Name	Address	
PRESIDENT	First, Middle, Last, Suffix MARTIN LADER	Address, City or Town, State, Z	
		CHARLESTOWN, RI 02	

STK 9. This report must be executed of corporation is in the hands of a corporation by the receiver or f Signed this 4 Day of January, 2 individuals signing this instrume signatory, under penalties of per act and deed of the corporation,	a receiver or trus trustee. 017 at 8:23:05 I ent constitutes th jury, that this in	e affirmation or ack	be executed on be signature of the in nowledgement of vidual's act and d	ehalf of the dividual or the
corporation is in the hands of a corporation by the receiver or a Signed this 4 Day of January, 2 individuals signing this instrume signatory, under penalties of per act and deed of the corporation,	a receiver or trus trustee. 017 at 8:23:05 I ent constitutes th jury, that this in	e affirmation or ack	be executed on be signature of the in nowledgement of vidual's act and d	ehalf of the dividual or the
electronic filing, in compliance w By <u>MARTIN B LADER</u> Signature of Authorized Repres		ws § 7-1.2.	true, as of the dat	te of the
Form No. 630 Revised 09/07				