RI SOS Filing Number: 201871047880 Date: 6/29/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JUN 29 PM 3:5

Annual Report for the year: 2018

N[illegible] Profit Corporation

- [illegible]ing period June 1 - June 30
- → Filing Fee: $20.00
- → Penalty Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
1065145	TRADE POP-UP
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: TO PROVIDE A ROTATING EVENT, GALLERY AND RETAIL SPACE WHERE CULTURE IS EXCHANGED THROUGH ART, COLLABORATIONS, COMMUNITY PROGRAMS, DESIGN,FASHION AND MUSIC.
4. NAICS Code: 813920	

6. Principal Office Address	City	State	Zip
34 GOVERNOR STREET	PROVIDENCE	RI	02906

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

President Name: SABRINA CHAUDHARY			Vice-President Name		
Street Address: 17 Waterman Ave			Street Address		
City: Cranston	State: RI	Zip: 02910	City	State	Zip
Secretary Name			Treasurer Name		
Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: JASON ALMEIDA			Director Name: SABRINA CHAUDHARY		
Street Address: 116 LANCASTER ST			Street Address: 17 WATERMAN AVE		
City: PROVIDENCE	State: RI	Zip: 02906	City: CRANSTON	State: RI	Zip: 02910
Director Name: ANDREW WHITE			Director Name		
Street Address: 21 HAZARD AVENUE			Street Address		
City: EAST PROVIDENCE	State: RI	Zip: 02914	City	State	Zip

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
JASON ALMEIDA	06 / 29 / 2018

[illegible]ature of Officer/Authorized Representative

FILED
JUN 29 2018
BY [illegible] 3:54

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

FORM 631 - Revised: 11/2017