



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year:

Not Profit Corporation

Filing period June 1 - June 30

Filing Fee: \$20.00

Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JUN 29 PM 3:54

1. Entity ID Number 1065145		2. Exact name of the Corporation 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 34 GOVERNOR STREET		City PROVIDENCE		State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative JASON ALMEIDA				Date 06 / 29 / 2018	
Signature of Officer/Authorized Representative					

FILED

JUN 29 2018
BY [Signature] 3:54