



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
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
STATE
SECRETARY OF
CORPORATIONS
2019 JAN 24 PM 1:05

1. Entity ID Number 1671522		2. Exact name of the Corporation NTrad Consulting Company			
3. Principal Office Address 25 Lennon Rd.			City Lincoln	State RI	Zip 02865
4. NAICS Code 541219		6. Brief description of the character of business conducted in Rhode Island Other Accounting Services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nizar E. Trad			Vice-President Name N/A		
Street Address 25 Lennon Rd			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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
		1,000.00		CNP	0.00
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 <i>Nizar E. Trad</i>					Date 12/26/18
Signature of Authorized Representative					

SIGN DOCUMENT HERE

FILED

1:06 JAN 24 2019
BY *QWP23*