



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 MAR 14 P 3:31

| | | | |
|--|---|---|----------------------------|
| 1. Entity ID Number 001717583 | | 2. Exact name of the Corporation UMIC Trading Inc | |
| 3. Principal Office Address 1411 Main Street west wawwick | | City west wawwick | State R.I |
| | | Zip 02893 | |
| 4. NAICS Code 316998 | 6. Brief description of the character of business conducted in Rhode Island I Jalal Muhammad is owner of my copration, I sell Leather products online & commerce business & also know selling dental educational products | | |
| 5. State of Incorporation: R.I | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name Jalal Muhammad | | Vice-President Name | |
| Street Address 1411 Main Street west wawwick | | Street Address | |
| City west wawwick | State R.I | Zip 02893 | |
| Secretary Name | | Treasurer Name | |
| Street Address | | Street Address | |
| 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 | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | |
| | | NUMBER OF SHARES 1000 | CLASS/SERIES CNP |
| | | | PAR VALUE 0 |
| 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 Jalal Muhammad | | Date 03/14/23 | |
| Signature of Authorized Representative M. Jalal Muhammad | | FILED | |

MAR 14 2023
 BY ML IRXRK