



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2024**

Corporation

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

REC'D RIDOS BSD
21 MAR 5 PM 12:48:54

STAMP

1. Entity ID Number 001726158	2. Exact name of the Corporation UM WhiteLabel Inc
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3. Principal Office Address 28 ORCHARD STREET	City PAWTUCKET	State RI	Zip 02860
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4. NAICS Code 454390	6. Brief description of the character of business conducted in Rhode Island ONLINE RETAILER
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name UMNA AGHA			Vice-President Name		
Street Address 28 ORCHARD STREET			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name			Treasurer Name		
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 UMNA AGHA			Director Name		
Street Address 28 ORCHARD STREET			Street Address		
City 28 ORCHARD STRE	State RI	Zip 02860	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1000	CWP	0.01

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 UMNA AGHA	Date 03/05/2024
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Signature of Authorized Representative 	FILED MAR - 5 2024 BY Yusyu
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov