



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.

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FOR
CLERK OF STATE
ONLY

1. Entity ID Number <u>001717583</u>		2. Exact name of the Corporation <u>JMK Trading Inc</u>			
3. Principal Office Address <u>294 Cowsett Ave</u>			City <u>West Warwick</u>	State <u>RI</u>	Zip <u>02893</u>
4. NAICS Code <u>316992</u>		6. Brief description of the character of business conducted in Rhode Island <u>I Jala Muhammad is owner of my corporation; I have dental surgical instruments online business & also I have a physical smoke shop & an office.</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Jala Muhammad</u>			Vice-President Name		
Street Address <u>294 Cowsett Ave</u>			Street Address		
City <u>West Warwick</u>	State <u>RI</u>	Zip <u>02893</u>	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			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
		<u>1000</u>		<u>CNP</u>	<u>0</u>
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. <u>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.</u>					
Name of Authorized Representative <u>Jala Muhammad</u>			Date <u>04-30-2024</u>		
Signature of Authorized Representative <u>M. J. T...</u>			APR 30 2024 BY <u>TY6C</u>		

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