



State of Rhode Island
Department of State - Business Services Division

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 FOR CLERK OF STATE
 ONLY

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.

1. Entity ID Number 001717583	2. Exact name of the Corporation JMK Trading Inc
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3. Principal Office Address 294 Cowsett Ave	City West Warwick	State RI	Zip 02893
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4. NAICS Code 316992	6. Brief description of the character of business conducted in Rhode Island I Jala Muhammad is owner of my corporation; I have dental surgical instruments online business & also I have a physical smoke shop & an office.
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jala Muhammad			Vice-President Name		
Street Address 294 Cowsett Ave			Street Address		
City West Warwick	State RI	Zip 02893	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.	NUMBER OF SHARES	CLASS/SERIES
Changes require an additional filing.	1000	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 Jala Muhammad	Date 04-30-2024
Signature of Authorized Representative M. J. [Signature]	<div style="text-align: center;"> APR 30 2024 BY T Y Y G C </div>

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov