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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
37413	SES AMERICA, INC.			
3. Street Address Principal Business Office		City	State	Zip
90 DOUGLAS PIKE		SMITHFIELD	RI	02917
4. Business Phone No.	5. State of Incorporation			
401-232-3370	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
IMPORT, MARKET, ASSEMBLE AND MANUFACTURE DISPLAY SIGNALIZATION PANEL SYSTEMS

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
LIONEL COUCHE	1 RUE DES MOULINS	ESVRES	FRANCE	37320
Vice President Name	**Street Address**	**City**	**State**	**Zip**
PIERRE PASSET	6 RUE GRANGE BRUYERE	SAINTE FOY LES LYON	FRANCE	69110
Secretary Name	**Street Address**	**City**	**State**	**Zip**
THIERRY LECOMTE	LE GUERET	LA MEMBROLLE-SUR-CHOISILLE	FRANCE	37390
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
THIERRY LECOMTE	LE GUERET	LA MEMBROLLE-SUR-CHOISILLE	FRANCE	37390

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
LIONEL COUCHE	1 RUE DES MOULINS	ESVRES	FRANCE	37320
Director Name	**Street Address**	**City**	**State**	**Zip**
THIERRY LECOMTE	LE GUERET	LA MEMBROLLE-SUR-CHOISILLE	FRANCE	37390
Director Name	**Street Address**	**City**	**State**	**Zip**
Director Name	**Street Address**	**City**	**State**	**Zip**

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
2,000	COMMON	NO PAR VALUE

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.

[redacted]

FILED
FEB 15 2011
By DS

File Date
Check No. 137329
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature *Date* 25/01/2011

LIONEL COUCHE
Print or Type Name

PRESIDENT
Title

59181-5-592659

Form 630 Rev. 08/08