STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
61656	YOKOHAMA TIRE CORPORATION

3. Principal office address	City	State	Zip
601 S ACACIA AVENUE	FULLERTON	CA	92831

4. Business Phone No.	5. State of Incorporation
(714) 870-3800	CALIFORNIA

6. Brief description of the character of business conducted in Rhode Island
DISTRIBUTOR OF YOKOHAMA BRAND TIRES

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
YASUSHI TANAKA	601 S ACACIA AVENUE	FULLERTON	CA	92831

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
TAKAYUKI HAMAYA	601 S ACACIA AVENUE	FULLERTON	CA	92831

Treasurer Name	Street Address	City	State	Zip
TETSUYA KAMATA	601 S ACACIA AVENUE	FULLERTON	CA	92831

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
YASUSHI TANAKA	601 S ACACIA AVENUE	FULLERTON	CA	92831

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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300,000	COMMON	$100.00

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.

FILED

File Date FEB 27 2012

Check No _____ **By** mnc

By: _____

FOR SECRETARY OF STATE USE ONLY CK #0543020

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.

M Tanaka 2/22/12
Signature of Authorized Representative Date

YASUSHI TANAKA 2-22-2012
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012