



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 2014**

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. <b>96809</b>		2. Exact name of the Corporation <b>Sakura Finetek U.S.A., Inc.</b>			
3. Principal office address <b>1750 West 214th Street</b>		City <b>Torrance</b>		State <b>CA</b>	Zip <b>90501</b>
4. Business Phone No. <b>3109727800</b>		5. State of Incorporation <b>California</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Wholesaler of Medical Equipment and Accessories</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			27,700	Common	No Par

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY BY \_\_\_\_\_

**FILED**

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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 of Authorized Representative

02/06/14  
Date

Print or Type Name of Authorized Representative

**Sakura Finetek U.S.A., Inc.**  
1750 W. 214th Street  
Torrance, CA 90501  
EIN: 33-0196183

**Supplemental Attachment of Corporate Officers and Directors**

**Corporate Officers:**

<u>Name</u>	<u>Title</u>	<u>Address</u>
Kenichi Matsumoto	Chairman Emeritus	3-1-9, Nihonbashi Honcho Chuo-ku Tokyo 103-0023 Japan
Takashi Tsuzuki	Chairman/CEO	1750 W. 214th Street Torrance, CA 90501
Kamlendra Patel	CFO/Secretary	1750 W. 214th Street Torrance, CA 90501

**Directors:**

<u>Name</u>	<u>Address</u>
Kenichi Matsumoto	3-1-9, Nihonbashi Honcho Chuo-ku Tokyo 103-0023 Japan
Takashi Tsuzuki	1750 W. 214th Street Torrance, CA 90501
Ryuichiro Azuma	3-1-9, Nihonbashi Honcho Chuo-ku Tokyo 103-0023 Japan
Satoru Ishizuka	1-8-2, Shin-ohashi 135-0007 Koto-ku Tokyo Japan

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FEB 14 2014

BY ED 96809