



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 2010

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. 000124722		2. Exact name of the Corporation TRAFIGURA AG			
3. Principal office address 1401 MCKINNEY STREET, SUITE 1500		City HOUSTON	State TX	Zip 77010-4033	
4. Business Phone No. (832) 320-2829		5. State of Incorporation LUCERNE, SWITZERLAND			
6. Brief description of the character of business conducted in Rhode Island COMMODITIES TRADING COMPANY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name VACANT			Vice-President Name VACANT		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name JEFF KOPP			Treasurer Name BRYAN KEOGH		
Street Address 1401 MCKINNEY STREET, SUITE 1500			Street Address 1401 MCKINNEY STREET, SUITE 1500		
City HOUSTON	State TX	Zip 77010-4033	City HOUSTON	State TX	Zip 77010-4033
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name BRYAN KEOGH			Director Name JEFF KOPP		
Street Address 1401 MCKINNEY STREET, SUITE 1500			Street Address 1401 MCKINNEY STREET, SUITE 1500		
City HOUSTON	State TX	Zip 77010-4033	City HOUSTON	State TX	Zip 77010
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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. 100			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	\$1,000.00

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

APR 09 2014

BY 221883

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.

By: *Bryan Keogh*
Signature of Authorized Representative

4/3/14
Date

BRYAN KEOGH

Print or Type Name of Authorized Representative

10:37