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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.	2. Exact name of the Corporation
000057048	Yushin America, Inc

3. Principal office address	City	State	Zip
35 Kenney Drive	Cranston	RI	02920

4. Business Phone No.	5. State of Incorporation
401-463-1800	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Manufacturer and Distributor of Automation Equipment

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

President Name	City	State	Zip
Haruki Kimura			
Street Address			
305 Greenwich Avenue Apartment B-122			
	Warwick	RI	02886

Vice-President Name	City	State	Zip
Street Address			

Secretary Name	City	State	Zip
Street Address			

Treasurer Name	City	State	Zip
Street Address			

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

Director Name	City	State	Zip
Haruki Kimura			
Street Address			
305 Greenwich Avenue Apartment B-122			
	Warwick	RI	02886

Director Name	City	State	Zip
Michael Greenhalgh			
Street Address			
45 Diniz Drive			
	Taunton	MA	02780

Director Name	City	State	Zip
Street Address			

Director Name	City	State	Zip
Street Address			

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
1,000.00	CWP	8.00

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
JUL 09 2014

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY BY On 228118
11:18

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.

07/09/2014
Signature of Authorized Representative Date

Karen L Paolucci Human Resource Manager
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
109057-3-965928

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