



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 2007

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. 142517		2. Exact name of the Corporation Decleor USA, Inc.			
3. Principal office address 50 Connell Drive		City Berkeley Heights	State NJ	Zip 07922	
4. Business Phone No. 908-673-3929		5. State of Incorporation Connecticut			
6. Brief description of the character of business conducted in Rhode Island providers of aromatherapy skincare					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Alain Emprin			Vice-President Name Kaoru Takagi		
Street Address 100 Tokeneke Road			Street Address 100 Tokeneke Road		
City Darien	State Conn	Zip 06820	City Darien	State Conn	Zip 06820
Secretary Name Joseph Kendy			Treasurer Name Herb Nieporent		
Street Address 100 Tokeneke Road			Street Address 100 Tokeneke Road		
City Darien	State Conn	Zip 06820	City Darien	State Conn	Zip 06820
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Alain Emprin			Director Name		
Street Address 100 Tokeneke Road			Street Address		
City Darien	State Conn	Zip 06820	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
			5,000	common	0

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
SEP 18 2015
By 256669
10:06 AM

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

Date

Roy Rabinowitz

Print or Type Name of Authorized Representative

2007 Decleor USA, Inc

RI: 142517

FEIN: 22-2795014

Director

Alain Emprin

100 Tokeneke Rd Darien CT
06820

Officers

Alain Emprin

President

100 Tokeneke Rd Darien CT
06820

Joseph Kendy

Secretary

100 Tokeneke Rd Darien CT
06820

Herb Nieporent

Vice President and Treasurer

100 Tokeneke Rd Darien CT
06820

Kaoru Takagi

Vice President

100 Tokeneke Rd Darien CT
06820

David Friedman

Assistant Secretary

100 Tokeneke Rd Darien CT
06820

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