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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 2016

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		
142517	**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) ☑

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) ☐

Director Name: **Frederic Roze**			Director Name: **Roger Dolden**		
Street Address: **575 Fifth Ave**			Street Address: **575 Fifth Ave**		
City: **NY**	State: **NY**	Zip: **10017**	City: **NY**	State: **NY**	Zip: **10017**
Director Name: **Thomas Sarakatsannis**			Director Name:		
Street Address: **575 Fifth Ave**			Street Address:		
City: **NY**	State: **NY**	Zip: **10017**	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.	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
FEB 04 2016
BY LL169668

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.

2/8/16
Signature of Authorized Representative — Date

Roy Rabinowitz
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
132110161107141

Decleor USA, Inc.
22-2795014

Directors

Frederic Roze	575 Fifth Ave. New York, NY 10017
Roger Dolden	575 Fifth Ave. New York, NY 10017
Thomas Sarakatsannis	575 Fifth Ave. New York, NY 10017

Officers

Frédéric Rozé	President and Chief Executive Officer 575 Fifth Ave New York NY 10017
Roger Dolden	Executive Vice President, Business Development and External Financial Relations 575 Fifth Ave New York NY 10017
Thomas Sarakatsannis	Senior Vice President, General Counsel and Secretary 575 Fifth Ave New York NY 10017
Anthony Eltvedt	Vice President and Treasurer 50 Connell Drive Berkeley Heights NJ 07922
Alexandre Pagliano	Chief Financial Officer 50 Connell Drive Berkeley Heights NJ 07922
David Morgan	Senior Vice President, Finance 575 Fifth Ave New York NY 10017
Roy Rabinowitz	Senior Vice President, Finance and Assistant Secretary 50 Connell Drive Berkeley Heights NJ 07922
Christopher J. Corbett	Vice President and Assistant Secretary 111 Terminal Ave Clark NJ 07066
Lisa M. Gigliotti	Vice President and Assistant Secretary 575 Fifth Ave New York NY 10017
Robert G. Kinnally	Vice President and Assistant Secretary 575 Fifth Ave New York NY 10017