



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 (AMENDED)

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE

| | | | |
|---|--------------------|--|--------------------|
| 1. Entity ID Number 000797396 | | 2. Exact name of the Corporation Maserati North America, Inc. | |
| 3. Principal Office Address 250 Sylvan Avenue | | City Englewood Cliffs | State NJ |
| 4. Business Phone Number (201) 816-2600 | | 5. State of Incorporation Delaware | |
| 6. Brief description of the character of business conducted in Rhode Island Marketing of Maserati Products in US | | | |
| 7. List ALL officers (names and addresses) | | Check the box to indicate an attachment <input type="checkbox"/> | |
| President Name Christian Gobber, President & CEO | | Vice-President Name David Cordero, VP General Counsel | |
| Street Address 250 Sylvan Avenue | | Street Address 250 Sylvan Avenue | |
| City Englewood Cliffs | State NJ | City Englewood Cliffs | State NJ |
| Zip 07632 | | Zip 07632 | |
| Secretary Name Tony Tullio, Assistant Secretary | | Treasurer Name Tony Tullio, VP and CFO | |
| Street Address 250 Sylvan Avenue | | Street Address 250 Sylvan Avenue | |
| City Englewood Cliffs | State NJ | City Englewood Cliffs | State NJ |
| Zip 07632 | | Zip 07632 | |
| 8. List ALL directors (names and addresses) | | Check the box to indicate an attachment <input checked="" type="checkbox"/> | |
| Director Name Harald Wester | | Director Name Giovani Luise | |
| Street Address 250 Sylvan Avenue | | Street Address 250 Sylvan Avenue | |
| City Englewood Cliffs | State NJ | City Englewood Cliffs | State NJ |
| Zip 07632 | | Zip 07632 | |
| 9. Shares Authorized | | 10. Shares Issued Check box to indicate an attachment <input type="checkbox"/> | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | NUMBER OF SHARES | CLASS/SERIES |
| | | 100 | |
| | | | |
| 11. 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. | | | |
| 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. | | | |
| Name of Authorized Representative David Cordero, VP & General Counsel | | Date May 4, 2016 | |
| Signature of Authorized Representative | | SIGN DOCUMENT HERE | |

MAY 09 2016

BY CK 11:18



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

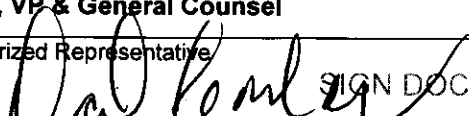
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| Street Address | | Street Address | |
| City | State | City | State |
| | Zip | | Zip |
| Secretary Name | | Treasurer Name | |
| Street Address | | Street Address | |
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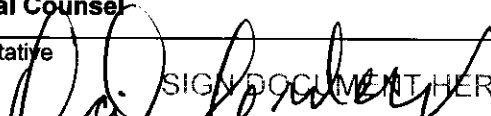
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| Signature of Authorized Representative  | | SIGN DOCUMENT HERE | |



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

