



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 ☐	
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 ☒	
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 ☐	
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 <i>David Cordero</i>		SIGN DOCUMENT HERE	

MAY 09 2016

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

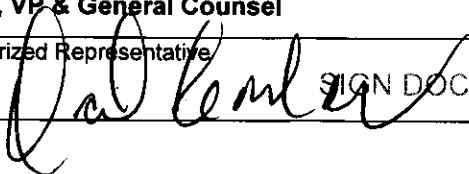
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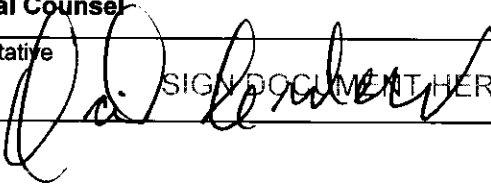
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