S	tate of Rhode Island and Pro Office of the Secreta		IS Fee: \$50.00	
	Division Of Business			
	148 W. River St			
	Providence RI 0290			
HOPE	(401) 222-304	ŧŪ		
Limited Liability Company				
Annual Report				
Filing Period: September 1 - November 1				
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR: 2016				
1. ID No. <u>001659048</u>				
2. Exact Name of the Limited Liability Company ITX USA, LLC				
3. State of Formation				
State: <u>DE</u>				
	ARTICLE III			
	·			
Using the following NAICS codes, please select the code that best describes your business.				
NAICS Code		6	<u>454111</u>	
4 Brief Description of th	e Character of the Business Which	is Actually Conducted	d in Rhode Island	
		is Actually conducted		
RETAIL				
5. Principal Office Address				
No. and Street: 500 FIFTH AVENUE				
	<u>TE 400</u> W YORK State: N	<u>Y</u> Zip: <u>10110</u>	Country: USA	
City or Town: NEW YORK State: NY Zip: 10110 Country: USA				
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Contact Title:				
No. and Street: 500 FIFTH AVENUE				
	<u>FE 400</u> V YORK State: N	Y Zip: <u>10110</u>	Country: USA	
		<u> </u>	<u>007</u>	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name	Addr	ess	
	First, Middle, Last, Suffix	Address, City or Town, St	tate, Zip Code, Country	
MANAGER	DILIP PATEL	500 5TH AVE	NUE, SUITE 400	

		NEW YORK, NY 10110 USA		
MANAGER	ELISEO OROZA RODRIGUEZ	500 5TH AVENUE, SUITE 400 NEW YORK, NY 10110 USA		
MANAGER	JOSE MANUEL ROMAY DE LA COLINA	500 5TH AVENUE, SUITE 400 NEW YORK, NY 10110 USA		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
<u>CORPORATION SERVICE COMPANY</u> 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, <u>RI</u> 02888				
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				
Signed this 25 Day of October, 2016 at 3:16:36 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.				
By <u>DILIP PATEL</u> Signature of Authorized Person				
Form No. 632 Revised 09/07				

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