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

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
000117255	Couturier North America, Inc.

3. Principal Office Address	City	State	Zip
C/O CT Corporation System, 450 Veterans Memorial Parkway	East Providence	RI	02914

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
311513	Distribution of cheese and other dairy products. Title: 7-1.1
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Oliver Besset	None
Street Address: 24 RUE DE LE RAINIERE 44300 NATES FRANCE	Street Address
City / State / Zip: / / 44000	City / State / Zip: / /
Secretary Name: Ann Fauvel	**Treasurer Name:** None
Street Address: 24 RUE DE LE RAINIERE 44300 NATES FRANCE	Street Address
City / State / Zip: / / 44000	City / State / Zip: / /

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Gilles Rabouille	None
Street Address: 24 RUE DE LE RAINIERE 44300 NATES FRANCE	Street Address
City / State / Zip: / / 44000	City / State / Zip: / /
Director Name: None	**Director Name:** None
Street Address	Street Address
City / State / Zip: / /	City / State / Zip: / /

9. Shares Authorized	10. Shares Issued — Check the 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	PAR VALUE
	350	STK	$0

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	Date
William Sullivan	03/20/2018

Signature of Authorized Representative: William Sullivan SIGN DOCUMENT

FILED
APR 11 2018
BY 328517
A.A. 12:00pm.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017