



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

Annual Report for the year: 2017

Corporation

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

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SECRETARY OF STATE
CORPORATIONS DIV
2018 APR 11 PM 5:58

1. Entity ID Number 000117255		2. Exact name of the Corporation Couturier North America, Inc.			
3. Principal Office Address C/O CT Corporation System, 450 Veterans Memorial Parkway			City East Providence	State RI	Zip 02914
4. NAICS Code 311513		6. Brief description of the character of business conducted in Rhode Island 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 Oliver Besset			Vice-President Name 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 Gilles Rabouille			Director Name 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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐			
		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 William Sullivan					Date 03/20/2018
Signature of Authorized Representative <i>William Sullivan</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

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