



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

Annual Report for the year: **2020**
 Corporation

FILED

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

MAR 02 2020
 BY COASS619

1. Entity ID Number 01689520		2. Exact name of the Corporation Richemont North America, Inc.			
3. Principal Office Address 3 Enterprise Drive, Suite 300			City Shelton	State CT	Zip 06484
4. NAICS Code 448310		6. Brief description of the character of business conducted in Rhode Island Retail & Wholesale of luxury goods, writing instruments & accessories.			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alain Bernard			Vice-President Name Stuart Robertson		
Street Address 645 Fifth Avenue			Street Address 645 Fifth Avenue		
City New York	State NY	Zip 10022	City New York	State NY	Zip 10022
Secretary Name Joshua Lipman			Treasurer Name Lawrence H. Grant, Jr.		
Street Address 645 Fifth Avenue			Street Address 3 Enterprise Drive, Suite 300		
City New York	State NY	Zip 10022	City Shelton	State CT	Zip 06484
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Gary A. Saage, Jr.			Director Name		
Street Address 645 Fifth Avenue			Street Address		
City New York	State NY	Zip 10022	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the 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	PAR VALUE
			1,000	Common	.01
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 Lawrence H. Grant, Jr.				Date 2/27/20	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.n.gov