



State of Rhode Island

**Department of State - Business Services Division**

**Annual Report for the year: 2021 Corporation**

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- 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 000153368		2. Exact name of the Corporation NIPPON AMERICAN LIMITED			
3. Principal Office Address 3 CEDAR ROCK MDWS			City EAST GREENWICH	State RI	Zip 02818
4. NAICS Code 423990		6. Brief description of the character of business conducted in Rhode Island WHOLESALE DISTRIBUTION OF OPTICAL GOODS			
5. State of Incorporation VERMONT					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name MIKIKO MORIMURA			Vice-President Name BRUCE SUNDERLAND		
Street Address 3 CEDAR ROCK MDWS			Street Address 3 CEDAR ROCK MDWS		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
Secretary Name MIKIKO MORIMURA			Treasurer Name BRUCE SUNDERLAND		
Street Address 3 CEDAR ROCK MDWS			Street Address 3 CEDAR ROCK MDWS		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIFS	PAR VALUE
		10,000		COMM	1.00
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. <b>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.</b>					
Name of Authorized Representative Bruce Sunderland				Date 01/12/2021	
Signature of Authorized Representative 				<b>FILED</b> JAN 15 2021	

MAIL TO:  
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