RI SOS Filing Number: 202193488300 Date: 3/2/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

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

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 MAR -2 P 12:26

1. Entity ID Number	2. Exact name of the Corporation		
01689520	Richemont North America, Inc.		
3. Principal Office Address	**City**	**State**	**Zip**
3 Enterprise Drive, Suite 300	Shelton	CT	06484
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
448310	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 ☐

President Name: Joshua Lipman			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 ☐

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

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
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	Date
Lawrence H. Grant, Jr.	2/12/21

Signature of Authorized Representative: Lawrence H. Grant, Jr.

FILED
MAR 2 2021
BY SBQT D.
12:24

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: 08/2020