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State of Rhode Island

Department of State - Business Services Division

**Annual Report for the year: Amended 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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 OCT -6 PM 1:00

1. Entity ID Number 000163716		2. Exact name of the Corporation NTT America, Inc.			
3. Principal Office Address One Penn Plaza, Suite 1820			City New York	State NY	Zip 10119
4. NAICS Code 517000		6. Brief description of the character of business conducted in Rhode Island Data and Telecom Service Provider			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Simon Walsh			Vice-President Name		
Street Address One Penn Plaza, Suite 1820			Street Address		
City New York	State NY	Zip 10119	City	State	Zip
Secretary Name Jordan Kanfer			Treasurer Name		
Street Address One Penn Plaza, Suite 1820			Street Address		
City New York	State NY	Zip 10119	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Simon Walsh			Director Name		
Street Address One Penn Plaza, Suite 1820			Street Address		
City New York	State NY	Zip 10119	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		33431	Common	0.01	
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 Jordan Kanfer					Date 9/23/2021
Signature of Authorized Representative					

DocuSigned by:

Jordan Kanfer

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FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

OCT 06 2021

BY *Ch* 1:00

FORM 630 - Revised: 08/2020



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

October 06, 2021 01:00 PM

A handwritten signature in blue ink, reading "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

