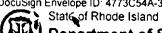
Date: 10/6/2021 1:00:00 PM RI SOS Filing Number: 202102793970

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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

2021 OCT -6 D	
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2021 SVE STAT	
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6 Pm	
2021 OCT -6 PM 1:00	

1. Entity ID Number 000163716		2. Exact name of the Corporation NTT America, Inc.						
	INT Ame	Tica, IIIC.	City		10: 1	In:		
3. Principal Office Address One Roop Plaza, Suite 1					State	Zip		
One Penn Plaza, Suite 1820			New York		NY	10119		
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island						
517000	Data and T	Data and Telecom Service Provider						
5. State of Incorporation								
Delaware								
7. List ALL officers (names a	and addresses)			Check	the box to ind	icate an attachment 🔲		
President Name Simon Walsh			Vice-President Name					
Street Address One Penn Plaza, Suite 1820			Street Address					
City New York	State NY	^{Z₁p} 10119	City		State	Zip		
Secretary Name Jordan Kar	nfer	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	s and addresses)	ı		Check	the box to inc	licate an attachment		
Director Name Simon Wals	h		Director Name			-		
Street Address One Penn Plaza, Suite 1820			Street Address					
City New York	State NY	^{Zip} 10119	City		State	Zip		
Director Name		I	Director Name		_			
Street Address			Street Address					
City	State	Zip	City	<u> </u>	State	Zıp		
9. Shares Authorized	1.	10. Shares Iss	I sued			dicate an attachment		
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIF	s T	PAR VALUE		
		33431		Common		0.01		
Changes require an addition	al filing.							
11. This report must be exe					ration is in th	e hands of a receiver or		
trustee, this report must be					<u></u>	and the and		
Under penalty of perjury, statements, and that all si				ncluding any accon	iipanying sci	ledules and		
Name of Authorized Representative					Date			
Jordan Kanfer					9/2	3/2021		
Signature of Authorized Rep	presentative	ocuSigned by:						
	ĺ.	eden konfer						
MAIL TO:	———(⊸	GFE71FCD3C849D						

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov BY Ca 1:00

OCT 06 2021

RI SOS Filing Number: 202102793970 Date: 10/6/2021 1:00:00 PM



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

Nellie M. Gorbea Secretary of State

Tullin U. Soler

