



State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV

2021 DEC 21 PM 2:26

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.

1. Entity ID Number 1678077		2. Exact name of the Corporation Graphisoft North America, Inc	
3. Principal Office Address 1601 Trapelo Road, Suite 162		City Waltham	State MA
		Zip 02451	
4. NAICS Code 443120	6. Brief description of the character of business conducted in Rhode Island Sale of pre packaged software		
5. State of Incorporation Delaware			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Tracey Galland		Vice-President Name	
Street Address 1601 Trapelo Road, Suite 162		Street Address	
City Waltham	State MA	Zip 02451	City
Secretary Name Floyd Traugot		Treasurer Name Gabor Sved	
Street Address 1601 Trapelo Road, Suite 162		Street Address Graphisoft SE, Zahony U 7	
City Waltham	State MA	Zip 02451	City Budapest, Hungary
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Huw Roberts		Director Name	
Street Address Graphisoft SE, Zahony U 7		Street Address	
City Budapest, Hungary	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	PAR VALUE
		0	0
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 Stacey Allard		Date 12/20/21	
Signature of Authorized Representative <i>Stacey Allard</i>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3010
Website: www.dbs.d.gov

FORM 920 - Revised 04/2020

FILED

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BY *CA7MB*

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