



State of Rhode Island  
Department of State - Business Services Division

RECEIVED  
R.I. DEPT. OF STATE  
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 <b>1678077</b>		2. Exact name of the Corporation <b>Graphisoft North America, Inc</b>	
3. Principal Office Address 1601 Trapelo Road, Suite 162		City Waltham	State MA
		Zip 02451	
4. NAICS Code <b>443120</b>	6. Brief description of the character of business conducted in Rhode Island Sale of pre packaged software		
5. State of Incorporation <b>Delaware</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Tracey Galland</b>		Vice-President Name	
Street Address 1601 Trapelo Road, Suite 162		Street Address	
City Waltham	State MA	Zip 02451	City
Secretary Name <b>Floyd Traugot</b>		Treasurer Name <b>Gabor Sved</b>	
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Huw Roberts</b>		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 <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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	PAR VALUE
		<b>0</b>	<b>0</b>
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 <b>Stacey Allard</b>		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 020 - Revised 04/2020

FILED

DEC 21 2021

BY *CA7MB*

2:27