



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

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1. Entity ID Number 000861119		2. Exact name of the Corporation MHI Wind Power Americas, Inc.												
3. Principal Office Address 1618 SW FIRST AVENUE, SUITE 500			City PORTLAND	State OR	Zip 97201									
4. NAICS Code 811310		6. Brief description of the character of business conducted in Rhode Island THE MAINTENANCE AND SERVICE OF WIND TURBINES												
5. State of Incorporation DE														
7. List ALL officers (names and addresses) Check the box to indicate an attachment														
President Name Mark Tallman			Vice-President Name Fusato Dana											
Street Address 1618 SW First Avenue, Suite 500			Street Address 1618 SW First Avenue, Suite 500											
City Portland	State OR	Zip 97201	City Portland	State OR	Zip 97201									
Secretary Name Masato Akado			Treasurer Name Masato Akado											
Street Address 1618 SW First Avenue, Suite 500			Street Address 1618 SW First Avenue, Suite 500											
City Portland	State OR	Zip 97201	City Portland	State OR	Zip 97201									
8. List ALL directors (names and addresses) Check the box to indicate an attachment														
Director Name Mark Tallman			Director Name Hiroshi Matsuda											
Street Address 1618 SW First Avenue, Suite 500			Street Address 3-2-2, Marunouchi, Chiyoda-ku											
City Portland	State OR	Zip 97201	City Tokyo, 100-8332	State JAPAN	Zip									
Director Name Yuji Yatomi			Director Name Takeshi Naito											
Street Address 3-3-1, Minatomirai, Nishi-ku			Street Address 20 Greenway Plaza, Suite 625											
City Yokohama, 220-8401	State JAPAN	Zip	City Houston,	State TX	Zip 77046									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAY VA. UF</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>CWP</td> <td>1.0000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAY VA. UF	1	CWP	1.0000			
		NUMBER OF SHARES	CLASS/SERIES	PAY VA. UF										
1	CWP	1.0000												
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 Joe Davis					Date 8/9/2022									
Signature of Authorized Representative <i>Joe Davis</i>					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

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FORM 630 - Revised: 11/2021