



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2023**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 JAN -9 PM 2:45

1. Entity ID Number 01696051		2. Exact name of the Corporation Ziemer USA INC			
3. Principal Office Address 620 E 3rd Street		City Alton		State IL	Zip 62002
4. NAICS Code 339115	6. Brief description of the character of business conducted in Rhode Island Sales & Service of Ophthalmic Equipment & Disposables				
5. State of Incorporation Illinois					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David bragg			Vice-President Name		
Street Address 1355 Rolling Links Dr			Street Address		
City Alpraretta	State GA	Zip 30004	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 Shares Authorized 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 CLASS/SERIES PAR VALUE		
			1,000,000		3000
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 ANGELA BRAIDA					Date 11-15-2022
Signature of Authorized Representative <i>Angela Braid</i>					FILED 248 JAN 0 0 2023

MAIL TO:
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