



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP
 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2023 MAR -7 A 10:28

1. Entity ID Number 01689520		2. Exact name of the Corporation Richemont North America, Inc.			
3. Principal Office Address 3 Enterprise Drive, Suite 300			City Shelton	State CT	Zip 06484
4. NAICS Code 448310		6. Brief description of the character of business conducted in Rhode Island Retail & Wholesale of Luxury goods, writing instruments, & accessories.			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christophe Massoni			Vice-President Name Donna Dean		
Street Address 645 Fifth Ave			Street Address 645 Fifth Ave		
City New York	State NY	Zip 10022	City New York	State NY	Zip 10022
Secretary Name Joshua Lipman			Treasurer Name Lawrence H. Grant, Jr.		
Street Address 645 Fifth Ave			Street Address 3 Enterprise Drive, Suite 300		
City New York	State NY	Zip 10022	City Shelton	State CT	Zip 06484
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christophe Massoni			Director Name Cedric Bossert		
Street Address 645 Fifth Ave			Street Address 50 Chemin De La Chenaie		
City New York	State NY	Zip 10022	City Bellevue, Geneva	State CH	Zip 1293
Director Name Gary A. Saage, Jr.			Director Name Patricia Gandji		
Street Address 645 Fifth Ave			Street Address 50 Chemin De La Chenaie		
City New York	State NY	Zip 10022	City Bellevue, Geneva	State CH	Zip 1293
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	
		1,000		Common .01	
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 Lawrence H. Grant, Jr.					Date 2/23/23
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
MAR 07 2023
 BY ML SMYWR
 FORM 630 - Revised: 2/2023