



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2018**

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by **MAY 25 2019**

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1. Entry ID Number 000484761		2. Exact name of the Corporation PUMA North America, Inc.			
3. Principal Office Address 455 Grand Union Blvd			City Somerville	State MA	Zip 02145
4. NAICS Code 424340		6. Brief description of the character of business conducted in Rhode Island PURSUIT OF WHOLESALE SALES CUSTOMERS THROUGH SALES SOLICITATION			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Philion			Vice-President Name Peter Mastrostefano		
Street Address 455 Grand Union Blvd			Street Address 455 Grand Union Blvd		
City Somerville	State MA	Zip 02145	City Somerville	State MA	Zip 02145
Secretary Name Thomas Coen			Treasurer Name Fabrice de Contes d'Esgranges		
Street Address 455 Grand Union Blvd			Street Address 455 Grand Union Blvd		
City Somerville	State MA	Zip 02145	City Somerville	State MA	Zip 02145
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Philion			Director Name Peter Mastrostefano		
Street Address 455 Grand Union Blvd			Street Address 455 Grand Union Blvd		
City Somerville	State MA	Zip 02145	City Somerville	State MA	Zip 02145
Director Name Adam Petrick			Director Name Fabrice de Contes d'Esgranges		
Street Address 455 Grand Union Blvd			Street Address 455 Grand Union Blvd		
City Somerville	State MA	Zip 02145	City Somerville	State MA	Zip 02145
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	
		1000		Common B	
		500		Common A	
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 Fabrice de Contes d'Esgranges				Date 8/9/2023	
Signature of Authorized Representative 					

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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