



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2017

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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1. Entity ID Number <b>000484761</b>		2. Exact name of the Corporation <b>PUMA North America, Inc.</b>	
3. Principal Office Address <b>455 Grand Union Blvd</b>		City <b>Somerville</b>	State <b>MA</b>
		Zip <b>02145</b>	
4. NAICS Code <b>424340</b>	6. Brief description of the character of business conducted in Rhode Island <b>PURSUIT OF WHOLESALE SALES CUSTOMERS THROUGH SALES SOLICITATION</b>		
5. State of Incorporation <b>DE</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>Robert Philion</b>		Vice-President Name <b>Peter Mastrostefano</b>	
Street Address <b>455 Grand Union Blvd</b>		Street Address <b>455 Grand Union Blvd</b>	
City <b>Somerville</b>	State <b>MA</b>	City <b>Somerville</b>	State <b>MA</b>
Zip <b>02145</b>		Zip <b>02145</b>	
Secretary Name <b>Thomas Coen</b>		Treasurer Name <b>Fabrice de Contes d'Esgranges</b>	
Street Address <b>455 Grand Union Blvd</b>		Street Address <b>455 Grand Union Blvd</b>	
City <b>Somerville</b>	State <b>MA</b>	City <b>Somerville</b>	State <b>MA</b>
Zip <b>02145</b>		Zip <b>02145</b>	
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>Robert Philion</b>		Director Name <b>Peter Mastrostefano</b>	
Street Address <b>455 Grand Union Blvd</b>		Street Address <b>455 Grand Union Blvd</b>	
City <b>Somerville</b>	State <b>MA</b>	City <b>Somerville</b>	State <b>MA</b>
Zip <b>02145</b>		Zip <b>02145</b>	
Director Name <b>Adam Petrick</b>		Director Name <b>Fabrice de Contes d'Esgranges</b>	
Street Address <b>455 Grand Union Blvd</b>		Street Address <b>455 Grand Union Blvd</b>	
City <b>Somerville</b>	State <b>MA</b>	City <b>Somerville</b>	State <b>MA</b>
Zip <b>02145</b>		Zip <b>02145</b>	
9. Shares Authorized <b>This information is currently of record in the Department of State.</b>		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
<b>Changes require an additional filing.</b>		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<b>1000</b>	<b>Common B</b>
		<b>0.01</b>	
		<b>500</b>	<b>Common A</b>
		<b>0.01</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>Fabrice de Contes d'Esgranges</b>			Date <b>8/9/2023</b>
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

AUG 25 2023  
BY ML 4540Z  
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