



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 000484761		2. Exact name of the Corporation PUMA North America, Inc.	
3. Principal Office Address 455 Grand Union Blvd		City Somerville	State MA
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	City Somerville	State MA
Zip 02145		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	City Somerville	State MA
Zip 02145		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	City Somerville	State MA
Zip 02145		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	City Somerville	State MA
Zip 02145		Zip 02145	
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	
		1000	Common B 0.01
		500	Common A 0.01
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 Fabrice de Contes d'Esgranges			Date 8/9/2023
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

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BY ML 45482
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FORM 630- Revised 04/2023