



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 13 2024

BY

1. Entity ID Number 11698		2. Exact name of the Corporation Toray Plastics (America), Inc.			
3. Principal Office Address 50 Belver Avenue		City North Kingstown	State RI	Zip 02852	
4. NAICS Code 326199	6. Brief description of the character of business conducted in Rhode Island Manufacturing plastic film.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Christopher Roy		Vice-President Name Christopher Voght			
Street Address 50 Belver Avenue		Street Address 50 Belver Avenue			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Mariko Ozeki		Treasurer Name David Jose			
Street Address 50 Belver Avenue		Street Address 50 Belver Avenue			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christopher Roy		Director Name Satoru Nishino			
Street Address 50 Belver Avenue		Street Address 50 Belver Avenue			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Kazuhisa Itsuji		Director Name Hiroshi Furuya			
Street Address 50 Belver Avenue		Street Address 50 Belver Avenue			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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	PAR VALUE
		495	CNP	\$0.00	
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 David Jose					Date March 7, 2024
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2616

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630- Revised 12/2023