



State of Rhode Island
Department of State - Business Services Division

STAMP

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.

1. Entity ID Number 001756948		2. Exact name of the Corporation retarus (North America) Inc.												
3. Principal Office Address 300 Lighting Way, Suite 315			City Secacus	State NJ	Zip 07094									
4. NAICS Code 517000		6. Brief description of the character of business conducted in Rhode Island Provision of intelligent cloud platforms.												
5. State of Incorporation Delaware														
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
President Name Martin Hager			Vice-President Name											
Street Address Aschauer Strasse 30			Street Address											
City Munich, Germany	State	Zip 81549	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
Director Name Martin Hager			Director Name											
Street Address Aschauer Strasse 30			Street Address											
City Munich, Germany	State	Zip 81549	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued												
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>3,000</td> <td>Common</td> <td>1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	3,000	Common	1.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
3,000	Common	1.00												
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 Sebastian Meis				Date 04/29/2024										
Signature of Authorized Representative <i>Sebastian Meis</i>														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-3915

Phone: (401) 222-3040

Website: www.sos.ri.gov

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