



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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 3,000	CLASS/SERIES Common	PAR VALUE 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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