

AMENDED



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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24 JUN 13 PM 12:03:50

- 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 001718790		2. Exact name of the Corporation Nikon Optical USA Inc.			
3. Principal Office Address 2700 West Hampden Avenue			City Sheridan	State CO	Zip 80110
4. NAICS Code 424990		6. Brief description of the character of business conducted in Rhode Island OPHTHALMIC LENS MANUFACTURER			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Matthieu Geoffray			Vice-President Name Charlotte Louet		
Street Address 2700 West Hampden Avenue			Street Address 2700 West Hampden Avenue		
City Sheridan	State CO	Zip 80110	City Sheridan	State CO	Zip 80110
Secretary Name Charlotte Louet			Treasurer Name		
Street Address 2700 West Hampden Avenue			Street Address		
City Sheridan	State CO	Zip 80110	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Takami Tsuchida			Director Name Yan Qiu Feng		
Street Address 2-15-9 OYAMADAI SETAGAYA-KU			Street Address 10-8, RYOGOKU 2-CHOME SUMIDA		
City Tokyo	State Japan	Zip 158-0086	City Tokyo	State Japan	Zip 130-0026
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000	A	1	
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 Charlotte Louet				Date 6/12/2024	
Signature of Authorized Representative 				FILED 1203 JUN 13 2024	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

June 13, 2024 12:03 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore
Secretary of State

