



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.

REC'D RI SOS
 JUN 18 PM 12:14:37

1. Entity ID Number 001744643		2. Exact name of the Corporation NORDES US CORPORATION	
3. Principal Office Address 147 Prince street, 4th Floor, Suite 1		City Brooklyn	State New York
4. NAICS Code 238990		6. Brief description of the character of business conducted in Rhode Island Nordes services comprehend HVAC, electrical, maintenance and engineering project management	
5. State of Incorporation Florida			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Pablo Luis de Amallo Corral		Vice-President Name	
Street Address CALLE MARCIAL DEL ADALID 1, 4 DCH		Street Address	
City A CORUNA	State SPAIN	Zip 15005	
Secretary Name Maria Reyes Carpintero Lopez		Treasurer Name Maria Reyes Carpintero Lopez	
Street Address 147 Prince street, 4th Floor, Suite 1		Street Address 147 Prince street, 4th Floor, Suite 1	
City Brooklyn	State NY	Zip 11201	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 3,000	CLASS/SERIES common
		PAR VALUE \$1.00 each	
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 Maria Reyes Carpintero Lopez		Date 01/29/2024	
Signature of Authorized Representative 		 FILED 124 JUN 18 2024 BY W882C	

Nordes U.S.
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 Brooklyn, NY, 11201
 info@nordesus.com
 Phone: 508-433-0318

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