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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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	2. Exact name of the Corporation
001756948	retarus (North America) Inc.

3. Principal Office Address	City	State	Zip
300 Lighting Way, Suite 315	Secaucus	NJ	07094

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
517000	Provision of intelligent cloud platform solutions.
5. State of Incorporation	
Delaware	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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: Martin Hager			Treasurer Name		
Street Address: Auschauer Strasse 30			Street Address		
City: Munich, Germany	State	Zip: 81549	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Martin Hager			Director Name		
Street Address: Auschauer 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 — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Sebastian Meis	02/04/2025

Signature of Authorized Representative: S. Meis

FILED 2:14
FEB 05 2025
BY VARAØ

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

FORM 630- Revised: 12/2023