r Es

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2025	
Λ At		

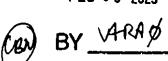
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.						8SD 14:09			
. Entity ID Number	2. Exact name of the Corporation								
001756948	retarus (North America) Inc.								
. Principal Office Address	•				State	Zip			
300 Lighting Way, Suite 3	315		Secau	cus	NJ	0	7094		
. NAICS Code	Brief description of the character of business conducted in Rhode Island								
517000	Provision of intelligent cloud platform solutions.								
. State of Incorporation Delaware									
. List ALL officers (names and ad	dresses)		h.c. o		box to indi	cate an attachi	ment 🗆		
Martin Hager			Vice-President Name						
Aschauer Strasse 30			Street Address						
Munich, Germany	State	^{Zip} 81549	City		State	Zip)		
Georetary Name Martin Hager				Treasurer Name					
Auschauer Strasse 30		Street Address							
Munich, Germany	State	^{Zip} 81549	City		State	Zıç)		
B. List ALL directors (names and a Director Name	ddresses)		Dispetos Ma		box to indi	cate an attach	ment 🗌		
Martin Hager			Director Name						
Auschauer Strasse 30		Street Address							
Munich, Germany	State	^{Zip} 81549	City		State	Zip			
Director Name		Director Name							
Street Address			Street Address						
City	State	Zip	City		State	Zip)		
Shares Authorized		10. Shares Issu				icate an attach			
This information is currently of record in the NUMBER OF Separtment of State.				RIES	1.00				
Changes require an additional filing) .	3,000		Common		1.00			
This report must be executed a	on bobalf of the a		ilbos and son	recentative. If the co	rangation is	o the hands o	f 2 12		
eiver or trustee, this report must	be executed on b	ehalf of the corpor.	ation by the i	receiver or trustee.					
Inder penalty of perjury, I declarate and that all statements and that all statements.				t, including any acc	ompanying	schedules a	nd		
Itatements, and that all statements contained herein are true and correct. Name of Authorized Representative Date									
Sebastian Meis	pastian Meis			02/04/2025					
FILED 2:14									

MAIL TO: 1 7

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FEB 0 5 2025