



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.

REC'D RIDOS BSD
25 FEB 12 PM 3:45

1. Entity ID Number 001689520		2. Exact name of the Corporation Richemont North America, Inc.			
3. Principal Office Address 3 ENTERPRISE DRIVE, SUITE 300			City SHELTON	State CT	Zip 06484
4. NAICS Code 448310		6. Brief description of the character of business conducted in Rhode Island Retail & Wholesale of Luxury goods, Writing instruments & accessories.			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christophe Massoni			Vice-President Name Donna Dean		
Street Address 645 Fifth Avenue			Street Address 645 Fifth Avenue		
City New York	State NY	Zip 10022	City New York	State NY	Zip 10022
Secretary Name Joshua Lipman			Treasurer Name Lawrence H. Grant, Jr.		
Street Address 645 Fifth Avenue			Street Address 3 Enterprise Drive, Suite 300		
City New York	State NY	Zip 10022	City Shelton	State CT	Zip 06484
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christophe Massoni			Director Name Gary A. Saage Jr.		
Street Address 645 Fifth Avenue			Street Address 645 Fifth Avenue		
City New York	State NY	Zip 10022	City New York	State NY	Zip 10022
Director Name Patricia Gandji			Director Name Cedric Bossert		
Street Address 50 Chemin de la Chenaie			Street Address 50 Chemin de la Chenaie		
City Bellevue Geneva	State CH	Zip 1293	City Bellevue Geneva	State CH	Zip 1293
9. Shares Authorized		10. Shares Issued 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	
		1,000	Common	.01	
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 Umesh Kamble				Date 2/10/2025	
Signature of Authorized Representative <i>Umesh Kamble</i>				FEB 12 2025 KCBHCLZ	

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