



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.

EC'D RIDOS 350
MAR 19 2025 2:26:14

1. Entity ID Number 001662982		2. Exact name of the Corporation Hiab USA Inc.									
3. Principal Office Address 12233 Williams Rd			City Perrysburg	State OH	Zip 43551						
4. NAICS Code 811310		6. Brief description of the character of business conducted in Rhode Island Supplier of load handling equipment									
5. State of Incorporation DE											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Pauliina Kuvik			Vice-President Name								
Street Address 12233 Williams Rd			Street Address								
City Perrysburg	State OH	Zip 43551	City	State	Zip						
Secretary Name Amber Denker			Treasurer Name Mingxia Laing								
Street Address 1777 Miller Parkway			Street Address 12233 Williams Rd								
City Streetsboro	State OH	Zip 44241	City Perrysburg	State OH	Zip 43551						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Mikko Puolakka			Director Name								
Street Address Itaamerenkatu 25			Street Address								
City Helsinki	State Finland	Zip 00180	City	State	Zip						
Director Name Martin Saint			Director Name								
Street Address 1777 Miller Parkway			Street Address								
City Streetsboro	State OH	Zip 44241	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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>Common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	Common	no par value
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1,000	Common	no par value									
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. <i>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.</i>											
Name of Authorized Representative Amber Denker			FILED MAR 19 2025		Date March 5, 2025						
Signature of Authorized Representative Amber Denker			BY <u>94QQN</u>								