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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
001662982	Hiab USA Inc.

3. Principal Office Address	City	State	Zip
12233 Williams Rd	Perrysburg	OH	43551

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
811310	Supplier of load handling equipment
5. State of Incorporation	
DE	

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

President Name: Pauliina Kunvik			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 ☐

Director Name: Mikko Puolakka			Director Name:		
Street Address: Itaemerenkatu 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	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.	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.

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.

FILED

Name of Authorized Representative	Date
Amber Denker	March 5, 2025

Signature of Authorized Representative: DocuSigned by: Amber Denker 1711BE3D6720453...

FILED
MAR 19 2025
BY 94QQN
BY

FD

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