RI SOS Filing Number: 202576963770 Date: 7/17/2025 9:17:00 AM



# State of Rhode Island Office of the Secretary of State

Fee: \$310.0

Zip: 02888

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

**Foreign Corporation** 

**Application for Certificate of Authority** 

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

#### **SECTION I**

The name of the corporation is GSI Exim America, Inc.

#### SECTION II

It is incorporated under the laws of State: NY Country: USA

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

### **SECTION III**

The name, if different, which it elects to use in Rhode Island:

(a) If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island **OR** 

(b) if the corporation proposes to qualify and transact business under a different name, list that name:

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

#### **SECTION IV**

The date of its incorporation is 4/15/1955

and the period of its duration is X Perpetual

**SECTION V** 

The location of its principal office is

No. and Street: 7 TIMES SQUARE, 35TH FLOOR

City or Town: NEW YORK State: NY Zip: 10036 Country: USA

**SECTION VI** 

State: RI

The address of its proposed registered office in Rhode Island is

**WARWICK** 

No. and Street: <u>222 JEFFERSON BOULEVARD, SUITE 200</u>

and the name of its proposed registered agent in Rhode Island at that address is  $\underline{CORPORATION}$   $\underline{SERVICE}$   $\underline{COMPANY}$ 

#### **SECTION VII**

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

## SOLICITATION THE SALES

City or Town:

#### **SECTION VIII**

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TADAAKI YOSHINAGA	7 TIMES SQUARE, 35TH FLOOR NEW YORK, NY 10036 USA

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l	TREASURER	YUTA IWAI	7 TIMES SQUARE, 35TH FLOOR NEW YORK, NY 10036 USA
l	SECRETARY	YUTA IWAI	7 TIMES SQUARE, 35TH FLOOR NEW YORK, NY 10036 USA
	DIRECTOR	TADAAKI YOSHINAGA	7 TIMES SQUARE, 35TH FLOOR NEW YORK, NY 10036 USA
	DIRECTOR	TAKAHIRO INOUE	7 TIMES SQUARE, 35TH FLOOR NEW YORK, NY 10036 USA
	DIRECTOR	YUTA IWAI	7 TIMES SQUARE, 35TH FLOOR NEW YORK, NY 10036 USA
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(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country	
PRESIDENT	TADAAKI YOSHINAGA	7 TIMES SQUARE, 35TH FLOOR NEW YORK, NY 10036 USA	
TREASURER	YUTA IWAI	7 TIMES SQUARE, 35TH FLOOR NEW YORK, NY 10036 USA	
SECRETARY	YUTA IWAI	7 TIMES SQUARE, 35TH FLOOR NEW YORK, NY 10036 USA	
DIRECTOR	TADAAKI YOSHINAGA	7 TIMES SQUARE, 35TH FLOOR NEW YORK, NY 10036 USA	
DIRECTOR	TAKAHIRO INOUE	7 TIMES SQUARE, 35TH FLOOR NEW YORK, NY 10036 USA	
DIRECTOR	YUTA IWAI	7 TIMES SQUARE, 35TH FLOOR NEW YORK, NY 10036 USA	

## **SECTION IX**

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares  Num of Shares	
CWP			\$1.0000	20,000.00

**Signed this 17 Day of July, 2025 at 9:17:30 AM by the officers(s).** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.

## By YUTA IWAI

Signature of Authorized Officer of the Corporation

Form No. 150 Revised 09/07

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#### STATE OF NEW YORK

#### **DEPARTMENT OF STATE**

#### **Certificate of Status**

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

**Entity Name:** GSI EXIM AMERICA, INC.

DOS ID Number: 97229

Entity Type: DOMESTIC BUSINESS CORPORATION

**Entity Status:** EXISTING **Date of Initial Filing with DOS:** 04/15/1955

Statement Status:CURRENTStatement Due Date:04/30/2027

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on July 03, 2025 at 12:34 P.M.

Brandon C Hugher

WALTER T. MOSLEY Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

July 17, 2025 09:17 AM

Gregg M. Amore Secretary of State

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