



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 BUS SVCS DIV

2021 JAN -7 PM 1:05

1. Entity ID Number 000853825		2. Exact name of the Corporation IPC (USA), Inc.				
3. Principal Office Address 8605 Santa Monica Blvd PMB 85455			City West Hollywood	State CA	Zip 90069	
4. NAICS Code 454310		6. Brief description of the character of business conducted in Rhode Island Petroleum Products Wholesaler				
5. State of Incorporation CA						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name Tatsuya Tanaka			Vice-President Name None			
Street Address 8605 Santa Monica Blvd PMB 85455			Street Address			
City West Hollywood	State CA	Zip 90069	City	State	Zip	
Secretary Name Tomohiko Otsuki			Treasurer Name Tomohiko Otsuki			
Street Address 8605 Santa Monica Blvd PMB 85455			Street Address 8605 Santa Monica Blvd PMB 85455			
City West Hollywood	State CA	Zip 90069	City West Hollywood	State CA	Zip 90069	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name Tatsuya Tanaka			Director Name Norihiro Saito			
Street Address 8605 Santa Monica Blvd PMB 85455			Street Address 5-1 Kita-Aoyama 2-Chome, Minato-ku			
City West Hollywood	State CA	Zip 90069	City Tokyo	State Japan	Zip 107-8077	
Director Name Tsuyoshi Matsumoto			Director Name			
Street Address 5-1 Kita-Aoyama 2-Chome, Minato-ku			Street Address			
City Tokyo	State Japan	Zip 107-8077	City	State	Zip	
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	PAR VALUE	
		500		CNP	0	
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 Tatsuya Tanaka					Date 01/06/2021	
Signature of Authorized Representative 						

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

1:05 **FILED**
 JAN 7 2021