

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006791

Entity Name: DONGHIA, INC.**Current Principal Place of Business:**500 BIC DRIVE
GATE #1, SUITE 200
MILFORD, CT 06461**Current Mailing Address:**500 BIC DRIVE
GATE #1, SUITE 200
MILFORD, CT 06461 US**FEI Number:** 20-2649444**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title ACCOUNTING MANAGER
Name CHERNAK, ALLAN
Address 500 BIC DRIVE
GATE #1, SUITE 200
City-State-Zip: MILFORD CT 06461

Title CEO, PRESIDENT, DIRECTOR
Name RUBELLI, ANDREA F
Address 500 BIC DRIVE
GATE #1, SUITE 200
City-State-Zip: MILFORD CT 06461

Title CFO, DIRECTOR
Name PETERSON, WILLIAM
Address 500 BIC DRIVE
GATE #1, SUITE 200
City-State-Zip: MILFORD CT 06461

Title SECRETARY, DIRECTOR
Name RUBELLI, NICOLO
Address 500 BIC DRIVE
GATE #1, SUITE 200
City-State-Zip: MILFORD CT 06461

Title DIRECTOR
Name LECLERCQ, BENOIT
Address 500 BIC DRIVE
GATE #1, SUITE 200
City-State-Zip: MILFORD CT 06461

Title DIRECTOR
Name HAUSSLER, CHRISTOPH
Address 500 BIC DRIVE
GATE #1, SUITE 200
City-State-Zip: MILFORD CT 06461

Title DIRECTOR
Name PECCI, ALBERTO
Address 500 BIC DRIVE
GATE #1, SUITE 200
City-State-Zip: MILFORD CT 06461

Title DIRECTOR
Name LECLERCQ, ANDRE
Address 500 BIC DRIVE
GATE #1, SUITE 200
City-State-Zip: MILFORD CT 06461

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALLAN CHERNAK**AUTHORIZED
SIGNER/ACCT. MANAGER**

04/21/2015

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	NONINO, LUIGI
Address	500 BIC DRIVE GATE #1, SUITE 200
City-State-Zip:	MILFORD CT 06461