

Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

APPROVED
FOR PAYMENT
VOUCHER #
VENDOR #
DATE
AMOUNT \$

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 792450		2. Exact name of the Corporation Steiff North America					
3. Principal office address 24 Albion Road, Ste 220				City Lincoln		State RI	Zip 02865
4. Business Phone No. 401-475-2147				5. State of Incorporation New York			
6. Brief description of the character of business conducted in Rhode Island Sales and distribution of goods. Offices for wholesale and online sales of stuffed animals and clothing imported from Germany.							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name James Pitocco				Vice-President Name Dieter Satzinger			
Street Address 120 Madison Ave.				Street Address 103 Arnold Ave.			
City Cranston		State RI	Zip 02920	City Cranston		State RI	Zip 02905
Secretary Name				Treasurer Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name James Pitocco				Director Name			
Street Address 120 Madison Ave.				Street Address			
City Cranston		State RI	Zip 02920	City		State	Zip
Director Name DANIEL BARTH				Director Name			
Street Address GERMANY				Street Address			
City		State	Zip	City		State	Zip
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
				200		NPV	

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.

File Date: 01/22/2008 10:00:00 AM

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
AUG 31 2015

10601124

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.

~~Handwritten signature~~

Signature of Authorized Representative

8/27/2015
Date

DIETER SATZINGER

Print or Type Name of Authorized Representative