



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
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.
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1. Entity ID Number 792450		2. Exact name of the Corporation STEIFF NORTH AMERICA, INC.			
3. Principal Office Address 24 Albion Road, Suite 220			City Lincoln	State RI	Zip 02865
4. Business Phone Number 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					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Pitocco			Vice-President Name Dieter Satzinger		
Street Address 119 Cathedral Ave.			Street Address 103 Arnold Ave.		
City Attleboro	State MA	Zip 02703	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) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James Pitocco			Director Name Daniel Barth		
Street Address 119 Cathedral Ave.			Street Address Germany		
City Attleboro	State MA	Zip 02703	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	
		200		NPV	
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. <i>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.</i>					
Name of Authorized Representative Dieter Satzinger				Date 11/04/2016	
Signature of Authorized Representative SIGN DOCUMENT HERE					

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BY le 299278

MAIL TO:
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