



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.

FILED

FEB 17 2021

3V 11930

1. Entity ID Number 000010589		2. Exact name of the Corporation TOBE PRODUCTS OF AMERICA, INC.			
3. Principal Office Address 200 CENTERVILLE ROAD SUITE 6			City WARWICK	State RI	Zip 02886
4. NAICS Code 423990		5. Brief description of the character of business conducted in Rhode Island TO BUY, SELL, MANUFACTURE AND DISTRIBUTE COSTUME JEWELRY			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JURGEN FEIX			Vice-President Name JURGEN FEIX		
Street Address 200 CENTERVILLE ROAD SUITE 6			Street Address 200 CENTERVILLE ROAD SUITE 6		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name JURGEN FEIX			Treasurer Name JURGEN FEIX		
Street Address 200 CENTERVILLE ROAD SUITE 6			Street Address 200 CENTERVILLE ROAD SUITE 6		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name JURGEN FEIX			Director Name		
Street Address 200 CENTERVILLE ROAD SUITE 6			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment ☐		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS COMMON	PAR VALUE NO PAR VALUE
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 JURGEN FEIX					Date 2-11-21
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02804-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020