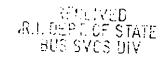


State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:	2020
Corporation	



STAMP

uri. III- Jan Mistar. 1 Octob

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1

2021 HAR -9 AM 8: 59

	Penalty: Additional \$25.00 fee if form is not filed by April 1.							
Entity ID Number	2. Exact name of the Corporation							
000792450	Steiff North America, Inc.							
3. Principal Office Address			City	_	State	Zip		
24 Albion Road, Suite 220			Lincoln		RI	02865		
4. NAICS Code	16 Brief descrip	tion of the charac	ter of business o	anducted in Phodo	Jeland			
	Brief description of the character of business conducted in Rhode Island							
451120	Sales and distribution of goods. Office for wholesale and online sales of stuffed animals and clothing							
5. State of Incorporation	imported from Germany.							
New York								
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name	esident Name			Vice-President Name				
James Pitocco								
Street Address 119 Cathedral Avenue			Street Address					
City Attleboro	State MA	Zip 02703	City Stat		State	Zip		
	IVIA	02703						
Secretary Name Dirk Peterrman			Treasurer Nan	Treasurer Name John Cimino				
Street Address Germany			Street Address 49 Bakewell Court					
City	State	Zip	City Cransto	n	State RI	<sup>Zip</sup> 02921		
8. List ALL directors (names and ac	idresses)	•	<u> </u>	Chec	k the box to in	dicate an attachment		
Director Name						-		
Street Address			Street Address	Chapt Address				
Direct Address		Silect Addiess						
City	State	Zip	City		State	Zip		
Director Name			Director Name	Director Name				
Street Address			Street Address	Street Address				
Sheet Address			Silect Address					
City	State	Zip	City	·-	State	Zip		
9. Shares Authorized		10. Shares Iss						
This information is currently of recor	d in the	NUMBER O	SHARES	CLASS/SER	IES	PAR VALUE		
		200		CNP		0		
Changes require an additional filing.				-				
4.4		<u> </u>						
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 Date								
John Cimino				02/23/20	02/23/2021			
Signature of Authorized Representative								
John Cimino	ohn Cimino FILED							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 09 2021 KL GYWST

FORM 630 - Revised: 08/2020