



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020
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

STAMP

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1. Entity ID Number 000792450		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. NAICS Code 451120		6. Brief description of the character of business conducted in Rhode Island Sales and distribution of goods. Office for wholesale and online sales of stuffed animals and clothing imported from Germany.			
5. State of Incorporation New York					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name James Pitocco			Vice-President Name		
Street Address 119 Cathedral Avenue			Street Address		
City Attleboro	State MA	Zip 02703	City	State	Zip
Secretary Name Dirk Peterrman			Treasurer Name John Cimino		
Street Address Germany			Street Address 49 Bakewell Court		
City	State	Zip	City Cranston	State RI	Zip 02921
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 200	CLASS/SERIES CNP	PAR VALUE 0	
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 John Cimino				Date 02/23/2021	
Signature of Authorized Representative <i>John Cimino</i>					

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

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FORM 630 - Revised: 08/2020