



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP
 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

2023 MAR -7 A 10:28

1. Entity ID Number 01701344		2. Exact name of the Corporation Watchfinder North America, Inc.												
3. Principal Office Address 645 Fifth Ave			City New York	State NY	Zip 10022									
4. NAICS Code 453310		6. Brief description of the character of business conducted in Rhode Island Purchasing and reselling pre-owned luxury watches												
5. State of Incorporation DE														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Christophe Massoni			Vice-President Name Lawrence H. Grant, Jr.											
Street Address 645 Fifth Ave			Street Address 3 Enterprise Drive, Suite 300											
City New York	State NY	Zip 10022	City Shelton	State CT	Zip 06484									
Secretary Name Joshua Lipman			Treasurer Name Lawrence H. Grant, Jr.											
Street Address 645 Fifth Ave			Street Address 3 Enterprise Drive, Suite 300											
City New York	State NY	Zip 10022	City Shelton	State CT	Zip 06484									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Christophe Massoni			Director Name Patrick Addor											
Street Address 645 Fifth Ave			Street Address 645 Fifth Ave											
City New York	State NY	Zip 10022	City New York	State NY	Zip 10022									
Director Name Axel Meyer			Director Name											
Street Address 645 Fifth Ave			Street Address											
City New York	State NY	Zip 10022	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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,000</td> <td>Common</td> <td>1.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,000	Common	1.00			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
1,000	Common	1.00												
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 Lawrence H. Grant, Jr.				Date 2/23/23										
Signature of Authorized Representative 														

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 07 2023
 BY **ml 9GXX**
 FORM 630 - Revised: 2/2023