RI SOS Filing Number: 202330276410 Date: 3/7/2023 4:00:00 PM

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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

1. Entity ID Number	2. Exact name	2. Exact name of the Corporation						
000792450		Steiff North America Inc.						
3. Principal Office Address  24 Albion Road, Suite 220			City Lincoln		State RI	Zip 02865		
4. NAICS Code 451120 5. State of Incorporation	Sales and	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.						
New York	stuned an	ilmais and clot	ning importe	o from Germa	ny.			
7. List ALL officers (names an	d addresses)				k the box to i	ndicate an attachment 🔲		
President Name James Pitocco			Vice-President Name					
Street Address 119 Cathedral Avenue			Street Address					
<sup>City</sup> Attleboro	State MA	<sup>Zip</sup> 02703	City		State	Zip		
Secretary Name Ralf Holz			Treasurer Name John Cimino					
Street Address Germany			Street Address 49 Bakewell Court					
City	State	Zip	City Cranston		State RI	<sup>Zip</sup> 02921		
8. List ALL directors (names a	and addresses)	1		Che	ck the box to i	ndicate an attachment 🗀		
Director Name			Director Name	,				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name			Director Name					
Street Address			Street Addres	s				
City	State	Zip	City		State	Ζίρ		
9. Shares Authorized	<del>.</del>	10. Shares Iss	ued Che		neck the box to indicate an attachment			
This information is currently of record in the		NUMBER OF SHARES			CLASS/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		200		CNP		0		
<ol> <li>This report must be executrustee, this report must be ex</li> </ol>					poration is in	the hands of a receiver or		
Under penalty of perjury, I distance statements, and that all states	declare and affirm t	hat i have examin	ed this report, i		ompanying s	chedules and		
Name of Authorized Representative					Date	Date		
John Cimino					2/15/2023			
Signature of Authorized Repri	esentative							
L <i>f</i>	<del></del>							

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.n.gov