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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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 of the Corporation		
001741056	Timex Group USA, Inc.		
3. Principal Office Address	City	State	Zip
555 Christian Road	Middlebury	CT	06762
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
423940	Jewelry, watch, precious stone, and precious metal wholesalers.		
5. State of Incorporation			
Delaware			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Tobia Reiss-Schmidt			Vice-President Name: Abel Alvarez		
Street Address: 555 Christian Road			Street Address: 555 Christian Road		
City: Middlebury	State: CT	Zip: 06762	City: Middlebury	State: CT	Zip: 06762
Secretary Name: David T. Payne			Treasurer Name: Gregory Cross		
Street Address: 555 Christian Road			Street Address: 555 Christian Road		
City: Middlebury	State: CT	Zip: 06762	City: Middlebury	State: CT	Zip: 06762

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Tobias Reiss-Schmidt			Director Name: Annika Forsberg		
Street Address: 555 Christian Road			Street Address: 555 Christian Road		
City: Middlebury	State: CT	Zip: 06762	City: Middlebury	State: CT	Zip: 06762
Director Name: David T. Payne			Director Name:		
Street Address: 555 Christian Road			Street Address:		
City: Middlebury	State: CT	Zip: 06762	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	3,000	Common	$0.00

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	Date
David T. Payne	3/6/2024

Signature of Authorized Representative

FILED
MAR 21 2024
BY ML 00058

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised 12/2023