



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.

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1. Entity ID Number 001741056		2. Exact name of the Corporation Timex Group USA, Inc.			
3. Principal Office Address 555 Christian Road			City Middlebury	State CT	Zip 06762
4. NAICS Code 423940		6. Brief description of the character of business conducted in Rhode Island 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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	3,000	Common	PAR VALUE
					\$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 David T. Payne					Date 3/6/2024
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

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BY ml 00058