

FILED

APR 12 2024

BY

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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 000010589		2. Exact name of the Corporation TOBE PRODUCTS OF AMERICA, INC	
3. Principal Office Address 200 CENTERVILLE ROAD SUITE 6		City WARWICK	State RI
		Zip 02886	
4. NAICS Code 423990	6. Brief description of the character of business conducted in Rhode Island TO BUY, SELL, MANUFACTURE AND DISTRIBUTE COSTUME JEWELRY		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name JURGEN FEIX		Vice-President Name JURGEN FEIX	
Street Address 200 CENTERVILLE ROAD SUITE 6		Street Address 200 CENTERVILLE ROAD SUITE 6	
City WARWICK	State RI	Zip 02886	City WARWICK
			State RI
			Zip 02886
Secretary Name JURGEN FEIX		Treasurer Name JURGEN FEIX	
Street Address 200 CENTERVILLE ROAD SUITE 6		Street Address 200 CENTERVILLE ROAD SUITE 6	
City WARWICK	State RI	Zip 02886	City WARWICK
			State RI
			Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name JURGEN FEIX		Director Name	
Street Address 200 CENTERVILLE ROAD SUITE 6		Street Address	
City WARWICK	State RI	Zip 02886	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES 100	CLASS/SERIES COMMON
			PAR VALUE NO PAR VALUE
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 JURGEN FEIX		Date 04/05/2014	
Signature of Authorized Representative <i>Jurgen Feix</i>			

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