RI SOS Filing Number: 202454643590 Date: 5/15/2024 4:00:00 PM

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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STAMP

1. Entity ID Number	2. Exact name of the Corporation		
01701344	Watchfinder North America, Inc.		
3. Principal Office Address	City	State	Zip
645 Fifth Ave	New York	NY	10022
4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
453310	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 ☐

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 ☐

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

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	CLASS/SERIES	PAR VALUE
1,000	Common	.01

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: 5/10/24

Signature of Authorized Representative:

FILED
MAY 15 2024
BY 200273

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: 2/2023