FILED

MAR 04 2025

BY 11957

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
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			
000010589	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: BERNHARD 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: BERNHARD FEIX			Treasurer Name: BERNHARD 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: BERNHARD 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
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	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. Changes require an additional filing.	Number of Shares	Class	Par Value
	100	COMMON	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: 2/17/2025

Signature of Authorized Representative: Jurgen Feix

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