



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2017 DEC -6 PM 2:03

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000160278		2. Exact name of the Corporation FUN Q GAMES Inc.			
3. Principal Office Address 23 FAIRHAVEN AVE		City WARWICK		State RI	Zip 02889
4. NAICS Code 423926		6. Brief description of the character of business conducted in Rhode Island MFG. OF BOARD GAMES & Card Games			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeanie C Calkin			Vice-President Name DANIEL A Calkin		
Street Address 23 Fairhaven Ave			Street Address 23 Fairhaven Ave		
City Warwick	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	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 A Daniel Calkin				Date 09/21/2017	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE FILED 2:05 pm	

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

DEC 06 2017

BY 319244
[Signature]