



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

Annual Report for the year: 2016  
 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 <u>000160298</u>		2. Exact name of the Corporation <u>FUN Q GAMES INC.</u>			
3. Principal Office Address <u>23 Fairhaven Ave</u>		City <u>WARWICK</u>		State <u>RI</u>	Zip <u>02889</u>
4. NAICS Code <u>423920</u>		6. Brief description of the character of business conducted in Rhode Island <u>Mfg of BOARD GAMES &amp; CARD GAMES</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Jeanine C CALKIN</u>			Vice-President Name <u>DANIEL A CALKIN</u>		
Street Address <u>23 Fairhaven Ave</u>			Street Address <u>23 Fairhaven Ave</u>		
City <u>Warwick</u>		State <u>RI</u>	Zip <u>02889</u>	City <u>WARWICK</u>	
State <u>RI</u>		Zip <u>02889</u>		State <u>RI</u>	
Zip <u>02889</u>		City <u>WARWICK</u>		Zip <u>02889</u>	
Secretary Name			Treasurer Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City		Zip	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
State		Zip		State	
Zip		City		Zip	
9. Shares Authorized <u>100</u> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <u>100</u>	NUMBER OF SHARES	
			CLASS/SERIES	PAR VALUE	
			<u>100</u>	<u>Common</u>	<u>.01</u>
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 <u>A Daniel Calkin</u>				Date <u>09/21/2017</u>	2:03 pm
Signature of Authorized Representative 				<b>FILED</b>	
SIGN DOCUMENT HERE					

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 319244  
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