RI SOS Filing Number: 200702500000 Date: 11/09/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
136489	Hasbro Receivables Funding, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
DELAWARE	TO PURCHASE, RECEIVE CONTRIBUTIONS OF OR OTHERWISE

5. Principal office address	City	State	Zip
200 Narragansett Park Drive, Room 502	Pawtucket	RI	02862

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Brenda J. Cullen	

Street Address	City	State	Zip
200 Narragansett Park Drive, Room 502	Pawtucket	RI	02862

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
David D.R Hargreaves	1011 Newport Avenue	Pawtucket	RI	02862
Martin Trueb	200 Narragansett Park Drive	Pawtucket	RI	02862
Kevin Burns	445 Broad Hollow Road, Suite 239	Melville	NY	11747

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
BARRY NAGLER	1011 NEWPORT AVENUE	PAWTUCKET	02862-

RECEIVED
2007 NOV -9 AM 10:30
SECRETARY OF STATE
CORPORATIONS DIV

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted]

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.

[redacted] 11-7-07
Date

[redacted] David D.R. Hargreaves
Print or Type Name of Authorized Person

FILED
File Date NOV 09 2007
Check No. CW 041788
By:
15308-1-198473
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Form 632 Rev. 07/07