



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

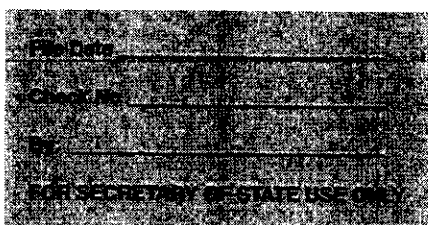
1. Entity ID No. <b>553616</b>		2. Exact name of the limited liability company <b>B.S.A. Toys, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Engage in the business of acting as a manufacturer's agent and representative in toy industry</b>			
5. Principal office address <b>30 Forest Lane</b>			City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Contact Name <b>Michael Beachnau</b>			Contact Title <b>Member</b>		
Street Address <b>30 Forest Lane</b>			City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
<small>LIST ALL MANAGERS' NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS IN BOX FOR ATTACHMENT. <input type="checkbox"/></small>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<small>RESIDENT / AGENT IN RHODE ISLAND</small>					
<small>This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.</small>					

**FILED**

OCT 15 2012

By *MNC*

*CA # 1170*



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.

*Michael Beachnau* *10-9-2012*  
 Signature of Authorized Person Date

**Michael Beachnau, Member**

Print or Type Name of Authorized Person