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. **553616**	2. Exact name of the limited liability company **B.S.A. Toys, LLC**				
3. State of Formation **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island **Engage in the business of acting as a manufacturer's agent and representative in toy industry**				
5. Principal office address **30 Forest Lane**			City **East Greenwich**	State **RI**	Zip **02818**
6. NAME AND ADDRESS OF THE LIMITED LIABILITY COMPANY'S ANNUAL REPORT CONTACT PERSON					
Contact Name **Michael Beachnau**			Contact Title **Member**		
Street Address **30 Forest Lane**			City **East Greenwich**	State **RI**	Zip **02818**
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (CHECK BOX FOR ATTACHMENT) ☐					
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
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED
OCT 15 2012
By mnc
Ck #1170

For Secretary of State Use Only
File Date
Check No.
By

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

Form No. 632
Revised: 01/2012