

## 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

2013

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.	2 Exact name o	f the limited liability com	nany		<u>,,, -</u> ,										
' .	I _		•												
663772	GAME ON! LLC														
3. State of Formation			usiness conducted in Rhode Islan	d											
R1	G	some and Ho	by Store												
			<del></del>	State L1	Zip 02888										
6. MAILING ADDRESS OF LIMIT	TED LIABILITY C	OMPANY AND NAME	1.	7											
Contact Name PATICICA	E. MAL	orty JR. IR.	Contact Title President	lowner .	;										
Street Address 943 N	omayio o	PR.	City WARWICK	City WARWICK, State R1 Zip 0288											
7. LIST ALL MANAGERS (NAM ("X" BOX FOR ATTACHMENT	ES AND ADDRES	SES) OF THE LIMITE	D LIABILITY COMPANY, IF APP	LICABLE - DO N	OT LIST MEMBERS										
Manager Name			Manager Name		escanno e e e e e e e e e e e e e e e e e e										
Street Address	<del>,</del> .		Street Address												
City	State	Zip	City	State	Zip										
Manager Name	l	<u></u>	Manager Name												
Street Address			Street Address												
City	State	Zip	City	State	Zip 23 _ Co										
8. RESIDENT AGENT IN RHODE	ISLAND		Distriction de la company	Managang uniong sign											
This information is currently of	record in the Off	ice of the Secretary of	f State. Changes require filing F	orm 642.											
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Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

Data

THIRIUE E. PH