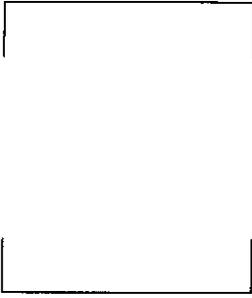




**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

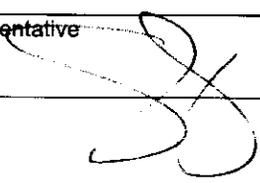
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



Profit Corporation Annual Report for the year: 2016

Filing period: January 1 - March 1

Filing Fee: \$50.00 *FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation					
000910706		Extreme Airsoft, Inc					
3. Principal Office Address				City	State	Zip	
1425 Kingstown Road Suite 6				Wakefield	RI	02879	
4. Business Phone Number				5. State of Incorporation			
401-789-1987				Rhode Island			
6. Brief description of the character of business conducted in Rhode Island							
To provide recreational amusement and sports activity							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Scott C. Naso				Vice-President Name Michael T. Morgan			
Street Address 21 Linda Ave				Street Address 222 Plum Beach Rd			
City Portsmouth	State RI	Zip 02871		City Saunderstown	State RI	Zip 02874	
Secretary Name Scott C. Naso				Treasurer Name Michael T. Morgan			
Street Address 21 Linda Ave				Street Address 222 Plum Beach Rd			
City Portsmouth	State RI	Zip 02871		City Saunderstown	State RI	Zip 02874	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name None				Director Name None			
Street Address None				Street Address None			
City None	State None	Zip None		City None	State None	Zip None	
9. Shares Authorized				10. Shares issued Check box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				1,000	None	No Par Value	
				None	None	None	
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 Scott C. Naso					Date 5/27/16		
Signature of Authorized Representative 							

FILED *or*

JUN 06 2016

BY 