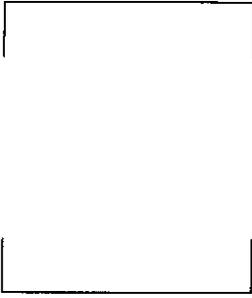




**State of Rhode Island and Providence Plantations  
Department of State - Business Services Division**

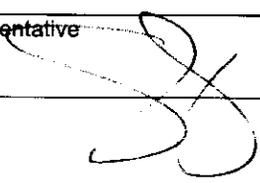
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov



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

**FILED** *or*

**JUN 06 2016**

BY 