



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

Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

| | | | | | |
|---|-------|---|-----------------------------|--------------------------|---------------------|
| 1. Entity ID Number 553616 | | 2. Exact name of the Limited Liability Company B.S.A. TOYS, LLC | | | |
| 3. NAICS Code 42 - Wholesale Trade | | 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. State of Formation Rhode Island | | | | | |
| 6. Principal Office Address 2843 South County Trail #7 | | City East Greenwich | | State RI | Zip 02818 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Michael Beachnau | | | Contact Title Member | | |
| Street Address 2843 South County Trail #7 | | City East Greenwich | | State RI | Zip 02818 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| 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 |
| Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. | | | | | |
| 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 Person Michael Beachnau | | | | Date 10-2-2016 | |
| Signature of Authorized Person <i>Michael Beachnau</i> | | | | SIGN DOCUMENT HERE | |

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
OCT 13 2016
BY 1546 DS