State of Rhode Island and Providence Plantations Office of the Secretary of State			
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615 (401) 222-3040			
(401) 222-3040			
Limited Liability Company			
Annual Report			
Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing			
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2016			
1. ID No. <u>000517876</u>			
2. Exact Name of the Limited Liability Company <u>Neuplay, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code 62			
		6	<u>62</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
DEVELOPING TOY CONTROLLERS THAT PROVIDE PHYSICAL THERAPY FOR			
CHILDREN			
5. Principal Office Addre	SS		
No. and Street: 97	FERRY LANE		
	ARRINGTON State: <u>RI</u>	Zip: <u>02806</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: JOSEPH CRISCO Contact Title:			
No. and Street: 97 FERRY LANE			
	RRINGTON State: <u>RI</u>	Zip: <u>02806</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Add	7055
	First, Middle, Last, Suffix	Address, City or Town, S	
	, ,	····, · · · · · · · · · · · · · · · · ·	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JOSEPH JOHN CRISCO III 97 FERRY LANE BARRINGTON, RI 02806

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of October, 2016 at 12:20:59 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOSEPH J. CRISCO III

Signature of Authorized Person

Form No. 632 Revised 09/07

 \circledast 2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved