



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

Annual Report for the year: 2017

Benefit Profit Corporation

- Filing period: within 120 days following the end of the fiscal year
 → Filing Fee: \$60.00
 → Penalty: Additional \$25.00 fee if form is not filed within 150 days of the fiscal year end.

1. Entity ID Number 954601		2. Exact name of the Corporation Increment, Public Benefit Corp.	
3. Principal Office Address 601 W 26th St., Suite 325-260		City New York	State NY
		Zip 10001	
4. Business Phone Number 781-308-4720		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island <i>(1) Design, development, manufacture, and sale of developmental toys that promote inclusion for children with and without special or economic needs. (2) Support of organizations or schools with missions complimentary to the corporation's purposes, through product donations, cash donations, services, or otherwise.</i>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Cynthia Poon		Vice-President Name Maeve Jopson	
Street Address 601 W 26th St., Suite 325-260		Street Address 601 W 26th St., Suite 325-260	
City New York	State NY	City New York	State NY
Zip 10001		Zip 10001	
Secretary Name Maeve Jopson		Treasurer Name Cynthia Poon	
Street Address 601 W 26th St., Suite 325-260		Street Address 601 W 26th St., Suite 325-260	
City New York	State NY	City New York	State NY
Zip 10001		Zip 10001	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Cynthia Poon		Director Name Maeve Jopson	
Street Address 601 W 26th St., Suite 325-260		Street Address 601 W 26th St., Suite 325-260	
City New York	State NY	City New York	State NY
Zip 10001		Zip 10001	
9. Shares Authorized		10. Shares Issued Check the for an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing. Check if stock is publicly traded. <input type="checkbox"/>		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		4,350	common
		\$0.0001	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY

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11. The following provisions require a narrative description:

a. The ways in which the benefit corporation pursued general public benefit during the year and the extent to which general public benefit was created: (1) Product trials and demonstrations with organizations and schools complimentary to corporation's purposes. (2) Volunteering at organizations' events focused on inclusion for children with and without special or economic needs. (3) Manufacture products with local US factory and supplier.

b. The ways in which the benefit corporation pursued a specific public benefit that the Articles of Incorporation state is the purpose of the benefit corporation and the extent to which that specific public benefit was created:

We have been able to offer free product trials to organizations, schools, and families with children who need our product but may be hindered by financial barriers. We have volunteered at events offered by the Boston Children's Museum and KaBOOM, offering our products for free play for all.

c. Any circumstances that have hindered the creation by the benefit corporation of general public benefit or specific public benefit:

Having a small budget and limited time, we have difficulty offering complimentary services and trials as much as we would like to.

d. The process and rationale for selecting or changing the third-party standard used to prepare the benefit report:

We have limited funds and prefer to operate on a lean spending strategy.

e. Provide an assessment of the overall social and environmental performance of the benefit corporation against a third-party standard, either applied consistently with any application of that standard in prior benefit reports or accompanied by an explanation of the reasons for any inconsistent application or the change to that standard from the one used in the immediately prior report:

As a small-batch product company, we have a reduced environmental footprint compared to companies focused on mass production. We are a two person, all women-led team, directly communicating with our factories and customers.

f. Name and address of the Benefit Director: (Required if stock is publicly traded.)

N/A

g. Name and address of the Benefit Officer: (If not applicable, state "NONE.")

NONE

h. The statement of the benefit director described in subsection 7-5.3-8(c):

N/A

i. A statement of any connection between the organization that established the third-party standard, or its directors, officers or any holder of 5% or more of the governance interests in the organization and the benefit corporation or its directors, officers or any holder of 5% or more of the outstanding shares of the benefit corporation. The statement should include any financial or governance relationship which might materially affect the credibility of the use of the third-party standard:

N/A

j. If the benefit corporation has dispensed with, or restricted the discretion or powers of the board of directors, indicate the persons that exercise the powers, duties, and rights and who has the immunities of the board of directors. Name(s) and address of the person(s) that exercise the powers, duties and rights of a benefit director:

N/A

k. If during the year covered by this benefit report, a benefit director resigned from or refused to stand for reelection to the position of benefit director, or was removed from the position, and the benefit director furnished the benefit corporation with any written correspondence concerning the circumstances surrounding the resignation, refusal, or removal, the benefit report shall include that correspondence as an exhibit.

12. 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

Cynthia Poon

Date

3/28/2017

Signature of Authorized Representative

Cynthia Poon