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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED SECRETARY OF STATE	ГАМР
CORPORATIONS DIV	entit

2017 DEC 26 PM 12: 14

Penalty: Additional \$25.00 to	ee ii iorm is not	med by April 1.					
Entity ID Number	2. Exact name of the Corporation						
1659806	Looking Glass Factory Inc.						
3. Principal Office Address	*		City State			Zip	
95 Commercial St. #6		Brooklyn		NY	11222		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
339900	R&D on 3D Displays						
5. State of Incorporation	7						
Delaware	i						
List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Shawn Frayne			Vice-President Name				
Street Address 352 McGuinness Blvd #1L			Street Address				
City Brooklyn	State NY	Ζιρ 11222	City State		State	Zip	
Secretary Name	Treasurer Name						
Street Address		Street Address					
City	State	Zip	City State		State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
· · · · · · · · · · · · · · · · · · ·			Director Name				
Street Address		Street Address					
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized	10. Shares issued		ed Check the box to indicate an attachment				
This information is currently of recoi	rd in the	NUMBER OF					
Department of State.		645000		Common		\$0.0001	
Changes require an additional filing.		901069		Preferred		\$0.0001	
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.							
					nanvina er	hedules and	
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 Date							
Shawn Frayne				November 15, 2017			
Signature of Authorized Representative SIGN DECUMENDARIES FILED							
PILED							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 26 2017

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