NOV-29-2017 WED 05:21 PM P. 002

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.

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1. Entity ID Number	2. Exact name of the Corporation			
791212	BALLZBACK, INC.			
3. Principal Office Address		City	State	Zip
2022 SOUTH COUNTY TRAIL		WEST KINGSTON	RI	02892
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
339930	GAME DEVELOPMENT.			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
BRANDON JOHNSON	2022 SOUTH COUNTY TRAIL	WEST KINGSTON	RI	02892

Vice-President Name	Street Address	City	State	Zip
BRIAN BURKE	47 OTHMAR STREET	NARRAGANSETT	RI	02882

Secretary Name	Street Address	City	State	Zip
BRANDON JOHNSON	2022 SOUTH COUNTY TRAIL	WEST KINGSTON	RI	02892

Treasurer Name	Street Address	City	State	Zip
BRANDON JOHNSON	2022 SOUTH COUNTY TRAIL	WEST KINGSTON	RI	02892

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

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9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE ($)
	100	STK	0.01

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.

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
BRANDON JOHNSON, PRESIDENT	12/12/17

Signature of Authorized Representative — 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
FEB 16 2018
BY 324435
A.A. 11:48 A.M.

FORM 630 - Revised: 10/2017