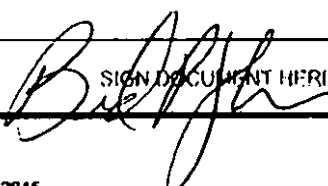


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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVState of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual Report for the year: **2016**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 791212		2. Exact name of the Corporation BALLZBACK, INC.		
3. Principal Office Address 2022 SOUTH COUNTY TRAIL		City WEST KINGSTON	State RI	Zip 02892
4. NAICS Code 339930	6. Brief description of the character of business conducted in Rhode Island GAME DEVELOPMENT.			
5. State of Incorporation RHODE ISLAND				
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐				
President Name BRANDON JOHNSON		Vice-President Name BRIAN BURKE		
Street Address 2022 SOUTH COUNTY TRAIL		Street Address 47 OTHMAR STREET		
City WEST KINGSTON	State RI	Zip 02892	City NARRAGANSETT	State RI
Secretary Name BRANDON JOHNSON		Treasurer Name BRANDON JOHNSON		
Street Address 2022 SOUTH COUNTY TRAIL		Street Address 2022 SOUTH COUNTY TRAIL		
City WEST KINGSTON	State RI	Zip 02892	City WEST KINGSTON	State RI
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. Shares Authorized Check the box to indicate an attachment ☐				
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment ☐		
Changes require an additional filing.		NUMBER OF SHARES 100	CLASS/SERIES STK	PAR VALUE 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 BRANDON JOHNSON, PRESIDENT			Date 12/12/17	
Signature of Authorized Representative 				

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 11:47 AM

FORM 630 - Revised: 10/2017