NOV-29-2017 WED 05:21 PM P. 003

RECEIVED SECRETARY OF STATE CORPORATIONS DIV 2018 JAN -2 PM 2:17

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

Annual 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	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: 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	Zip: 02882
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	Zip: 02892

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	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 324135
A.A 11:47 A.M

FORM 630 - Revised: 10/2017