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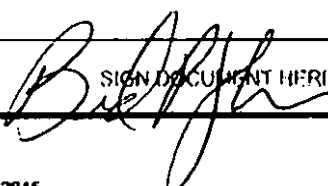
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SECRETARY OF STATE
CORPORATIONS DIV



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 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	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
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			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 					

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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**
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