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State of Rhode Island and Providence Plantations

Department of State - Business Services Division Annual Report for the year: Limited Liability Company					RECEIV SECRETARY CORPORATI	
						 → Filing period: Septer → Filing Fee: \$50.00 → Penalty: Additional \$
1. Entity ID Number 000703943	1	2. Exact name of the Limited Liability Company Crisloid, LLC				
3. NAICS Code 339930		4. Brief description of the character of business conducted in Rhode Island manufacturer of classic games				
5. State of Formation RI	- manusacte					
6. Principal Office Address			City	State	Zip	
55 Porter Street			Providence	RI	02905	
7. Mailing Address of Limit	ed Liability Compa	iny and Name o				
Contact Name Jeffrey Caru	ISO		Contact Title Member	Contact Title Member		
Street Address 55 Porter Street			City Providence	State RI	Zip 02905	
8. List ALL managers (nar	mes and addresse:	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	

Signature of Authorized Person

Name of Authorized Person

Jeffrey Caruso

SIGN DOCUMENT HERE

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and

MAIL TO:

Division of Business Services

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

statements, and that all statements contained herein are true and correct.

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 1 1 2018 BY 14 1 30 8 45 7 9:16

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Check the box to indicate an attachment

Date

4/9/2018