



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 JUL 17 PM 2:00

Annual Report for the year: 2015
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 000589951		2. Exact name of the Corporation Kongregate Inc.			
3. Principal Office Address 450 Sansome St Ste 1200			City San Francisco	State CA	Zip 94111
4. NAICS Code 713900		6. Brief description of the character of business conducted in Rhode Island Internet Gaming			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Emily Greer			Vice-President Name		
Street Address 450 Sansome St Ste 1200			Street Address		
City San Francisco	State CA	Zip 94111	City	State	Zip
Secretary Name Pany Haritatos			Treasurer Name Markus Lipp		
Street Address 450 Sansome St Ste 1200			Street Address 450 Sansome St Ste 1200		
City San Francisco	State CA	Zip 94111	City San Francisco	State CA	Zip 94111
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Arnd Benninghoff			Director Name Emily Greer		
Street Address Ringvaegen 52			Street Address 450 Sansome St Ste 1200		
City Stockholm	State Sweden	Zip 11867	City San Francisco	State CA	Zip 94111
Director Name Scott Rupp			Director Name		
Street Address 535 Mission Street, 14th Floor			Street Address		
City San Francisco	State CA	Zip 94105	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		Common	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 Markus Lipp				Date 05/25/2018	
Signature of Authorized Representative <i>Markus Lipp</i> FILED					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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