RI SOS Filing Number: 201878603890 Date: 10/1/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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
001068189	Ryan Family Amusements, Inc

3. Principal Office Address	City	State	Zip
116 Waterhouse Road	Bourne	MA	02532

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
713120	Video and prize game arcade
5. State of Incorporation	
MA	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Rob Nichols	21 Beth Lane	Hyannis	MA	02601

Vice-President Name	Street Address	City	State	Zip
William Campbell, Jr	25 Sierra Way	South Yarmouth	MA	02673

Secretary Name	Street Address	City	State	Zip
Michael Crowley	8 Anne Lane	Bourne	MA	02532

Treasurer Name	Street Address	City	State	Zip
Michael Crowley	8 Anne Lane	Bourne	MA	02532

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

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	CLASS/SERIES	PAR VALUE
100		0.00

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
Michael Crowley	9/27/18

Signature of Authorized Representative: Michael Crowley SIGN DOCUMENT HERE

FILED

OCT 01 2018

BY 020010 DS

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

FORM 630 - Revised: 10/2017