State of Rhode Island Office of the Secretary of State Fer: \$\$0.0 Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Execution Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thru (20) days after the ime prescribed by law (R.I.G.L. 7- 16-66(bck)) its subject to a penalty fee of \$25.00 ANNUAL REPORT YEAR: 2020 1. ID No. 001675239 2. Exact Name of the Limited Liability Company XIGUAFOX, LLC 3. State of Formation State: RI ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 511210 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island DEVELOPING GAMES, WEBSITES, AND APPS 5. Principal Office Address No. and Street: 1151 PLAINEFIELD PIKE City or Town: Zip: 02827 Country: USA 6. Malling Address of Limited Liability Company and Name or Title of Contact Person:					
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b8(b2)) is subject to a penalty fee of \$25.00 ANNUAL REPORT YEAR: 2020 1. ID No. 001675239 2. Exact Name of the Limited Liability Company XIGUAFOX, LLC 3. State of Formation State: RI ARTICLE II Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. SI11210 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island DEVELOPING GAMES, WEBSITES, AND APPS 5. Principal Office Address No. and Street: 1151 PLAINEFIELD PIKE City or Town: COVENTRY State: RI Zip: 02827 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No. and Street: 1151 PLAINFIELD PIKE City or Town: COVENTRY State: RI Zip				Fee: \$50.00	
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	7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.				
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title				
		First, Middle, Last, Suffix	Address, City or Town, S	tate, Zip Code, Country	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER					

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 5 Day of October, 2020 at 8:43:45 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>RAPHAEL LEE MUNOZ</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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