



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

STAMP

FEB 23 2021

BY 1674-OS

1. Entity ID Number 1668524		2. Exact name of the Corporation DLS GAMES, INC.			
3. Principal Office Address 80 Newport Avenue		City Rumford		State RI	Zip 02916-0000
4. NAICS Code 713120		6. Brief description of the character of business conducted in Rhode Island to operate a family amusement business, game room			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name David Saucier			Vice-President Name Lynn Saucier		
Street Address 80 Newport Avenue			Street Address 80 Newport Avenue		
City Rumford	State RI	Zip 02916-	City Rumford	State RI	Zip 02916-
Secretary Name Lynn Saucier			Treasurer Name David Saucier		
Street Address 80 Newport Avenue			Street Address 80 Newport Avenue		
City Rumford	State RI	Zip 02916-	City Rumford	State RI	Zip 02916-
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name David Saucier			Director Name Lynn Saucier		
Street Address 80 Newport Avenue			Street Address 80 Newport Avenue		
City Rumford	State RI	Zip 02916-	City Rumford	State RI	Zip 02916-
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
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 CLASS/SERIES PAR VALUE		
			100	Common	No Par
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 David Saucier President				Date 1/04/2021	
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov