



State of Rhode Island

## 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.

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 BUS SVCS DIV

2021 MAR 31 P 1:42

1. Entity ID Number 000968676		2. Exact name of the Corporation LocusPlay, Inc.												
3. Principal Office Address 95 Chestnut Street, 3rd Floor			City Providence	State RI	Zip 02903									
4. NAICS Code 334118		6. Brief description of the character of business conducted in Rhode Island Development of software and hardware for the gaming industry, and other legal purposes.												
5. State of Incorporation Delaware														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Rahuldev Rajguru			Vice-President Name											
Street Address 95 Chestnut Street, 3rd Floor			Street Address											
City Providence	State RI	Zip 02903	City	State	Zip									
Secretary Name Rahuldev Rajguru			Treasurer Name Rahuldev Rajguru											
Street Address 95 Chestnut Street, 3rd Floor			Street Address 95 Chestnut Street, 3rd Floor											
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name Rahuldev Rajguru			Director Name Devang Thakkar											
Street Address 95 Chestnut Street, 3rd Floor			Street Address 95 Chestnut Street, 3rd Floor											
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>4962604</td> <td>Common</td> <td>\$0.00001</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	4962604	Common	\$0.00001			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
4962604	Common	\$0.00001												
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 Rahuldev Rajguru					Date									
Signature of Authorized Representative 														

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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FORM 630 - Revised: 08/2020