

State of Rhode Island
Department of State - Business Services DivisionRECEIVED
RI DEPT. OF STATE
BUS SVCS DIV
2024 JAN -9 P 12:53**Application for Certificate of Authority**
FOREIGN Business Corporation

→ Filing Fee: \$3*0.00 minimum

Pursuant to the provisions of RIGL 7-2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: Innovation Labs Limited		
2. It is incorporated under the laws of: Malta		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: April 29, 2008 And the period of its curation is: CHECK ONE BOX ONLY ☒ Perpetual (on-going) ☐ Date certain for dissolution _____		
5. The address of its principal office is: @GIG Beach, Triq id-Dragunara, St. Julians, Malta STJ3148		
6. The name and address of the initial registered agent/office in Rhode Island: Agent Name Corporation Service Company Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard, Suite 200 City/Town Warwick State RHODE ISLAND Zip Code 02888		

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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BY ML LYBKE
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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Provide affiliate marketing services to gaming operators.

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
Jonas Warrer	Borgmester Jorgensens Vej 10, 2930, Klampenborg, Denmark
Ryan Casaletto	Cotswold Close, P/H 5, Triq Dom Mawru Inguanez, Birkirkara, Malta

Check the box to indicate an attachment ☐

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Jonas Warrer	Borgmester Jorgensens Vej 10, 2930, Klampenbo
VICE PRESIDENT		
TREASURER		
SECRETARY	Ryan Casaletto	Cotswold Close, P/H 5, Triq Dom Mawru Inguanez

Check the box to indicate an attachment ☐

9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
1,199	A	Common	\$1
1	B	Common	\$1

10. An estimate, as a percentage, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, as a percentage, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 %

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.	
13. Date when the Certificate of Authority will be effective: CHECK ONE BOX ONLY	
☒ Date received (Upon filing)	
☐ Later effective date (Date must be no more than 90 days from the date of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Officer Mr. Ryan Casaletto (Director)	Date 08-01-2024
Signature of Authorized Officer of the Corporation 	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 100 - Revised 1/2021

7th December 2023

To Whom It May Concern

This is to certify that the company INNOVATION LABS LIMITED (Registration No.: C 44130) of @GIG BEACH, TRIQ ID-DRAGUNARA, ST. JULIANS, STJ 3148, MALTA was registered under the Laws of Malta on the 29th April 2008 and is still so registered.

According to our records the present shareholders of the company are:

Name	Number of Shares
GAMING INNOVATION GROUP P.L.C. (MALTA Company Registration No.: C 44319)	1,199 Ordinary A shares of EUR 1.00 each
GIG CENTRAL SERVICES LIMITED (MALTA Company Registration No.: C 79753)	1 Ordinary B share of EUR 1.00

The present directors of the company are:

RYAN CASALETTO (ID No.: 0428189M issued by MALTA)

JONAS WARRER (Passport No.: 209263286 issued by DENMARK)

The present company secretary is:

RYAN CASALETTO (ID No.: 0428189M issued by MALTA)

This information is provided on the basis of the documents registered in respect of the company.


Ruth Agius

f/Registrar of Companies



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

January 09, 2024 12:53 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

