

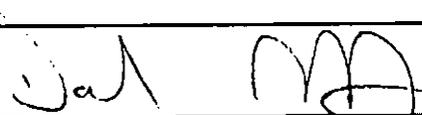


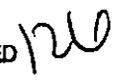
**State of Rhode Island  
Department of State - Business Services Division**

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**Annual Report for the year:** 2024  
**Limited Liability Company**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

|   |   |                            |                  |
|---|---|----------------------------|------------------|
| 1. Entity ID Number<br>001748074  | 2. Exact name of the Limited Liability Company<br>Hillside (Fantasy) LLC  |                            |                  |
| 3. NAICS Code<br>713290   | 4. Brief description of the character of business conducted in Rhode Island<br>Online gaming and sports betting |                            |                  |
| 5. State of Formation<br>Delaware   |   |                            |                  |
| 6. Principal Office Address<br>Two Greentree Center, 9000 Lincoln Drive East  |   | City<br>Marlton            | State<br>NJ      |
| Zip<br>08053  |   |                            |                  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |   |                            |                  |
| Contact Name<br>David Myatt   |   | Contact Title<br>President |                  |
| Street Address<br>Two Greentree Center, 9000 Lincoln Drive East   |   | City<br>Marlton            | State<br>NJ      |
| Zip<br>08053  |   |                            |                  |
| 8. The Resident Agent Information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |   |                            |                  |
| 9. 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 Person<br>David Myatt  |   |                            | Date<br>04/17/24 |
| Signature of Authorized Person<br>   |   |                            |                  |

FILED 

APR 18 2024  
BY W652H 

**MAIL TO:**  
Division of Business Services  
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