	State of Rhode Island Office of the Secretary of State	Fee: \$50.00				
	Division Of Business Services					
	148 W. River Street					
	Providence RI 02904-2615					
7636	(401) 222-3040					
Foreign Business C Annual Report Filing Period: February						
file its annual report wit	G.L. 7-1.2-1501(e), each corporation failing or refusing to thin thirty (30) days after the time prescribed by law (d)) is subject to a penalty fee of \$25.00.					
ANNUAL REPORT YE	AR - ENTER THE CURRENT YEAR <b>2024</b> : <u>2024</u>					
1. Corporate ID No. 001747376						
2. Name of Corporation Blind Squirrel Entertainment, Inc.						
3. Street Address Prin	ncipal Business Office:					
No. and Street: <u>10901</u>	<u>SOUTH STONELAKE BLVD, SUITE</u>					
<u>198</u>						
198City or Town:AUST	<u>TIN</u> State: <u>TX</u> Zip:	<u>78759</u> Country: <u>USA</u>				
		<u>78759</u> Country: <u>USA</u>				
City or Town: <u>AUST</u>		<u>78759</u> Country: <u>USA</u>				
City or Town: <u>AUST</u> 4. Business Phone No	0.	<u>78759</u> Country: <u>USA</u>				
City or Town:         AUST           4. Business Phone No           7144600860	0.	<u>78759</u> Country: <u>USA</u>				
City or Town: <u>AUST</u> 4. Business Phone No <u>7144600860</u> 5. State of Incorporation	0.	<u>78759</u> Country: <u>USA</u>				
City or Town: <u>AUST</u> 4. Business Phone No 7144600860 5. State of Incorporati State: <u>DE</u> Enter the six digit NAIC	o.	ted by the entity.				
City or Town: <u>AUST</u> 4. Business Phone No 7144600860 5. State of Incorporati State: <u>DE</u> Enter the six digit NAIC	o. ion NAICS CODE CS Code that best describes the primary business conduct	ted by the entity.				
City or Town: AUST 4. Business Phone No 7144600860 5. State of Incorporati State: DE Enter the six digit NAIC Download the list of co 511210	o. ion NAICS CODE CS Code that best describes the primary business conduct	ted by the entity.				
City or Town: AUST 4. Business Phone No 7144600860 5. State of Incorporati State: DE Enter the six digit NAIC Download the list of co 511210	o. MAICS CODE CS Code that best describes the primary business conduct odes <u>here.</u> More information on <u>NAICS</u> can be found onlin	ted by the entity.				
City or Town: AUST 4. Business Phone No 7144600860 5. State of Incorporati State: DE Enter the six digit NAIO Download the list of co 511210 6. Brief Description of SOFTWARE DEVEL	o. MAICS CODE CS Code that best describes the primary business conduct odes <u>here.</u> More information on <u>NAICS</u> can be found onlin	ted by the entity.				

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country	
PRESIDENT	BRADFORD HENDRICKS	10901 SOUTH STONELAKE BOULEVARD, SUITE 198 AUSTIN, TX 78759 USA	
SECRETARY	BRADFORD HENDRICKS	10901 SOUTH STONELAKE BLVD, SUITE 198 AUSTIN, TX 78759 USA	
CEO	BRADFORD HENDRICKS	10901 SOUTH STONELAKE BLVD, SUITE 198 AUSTIN, TX 78759 USA	
CFO	STEVEN SARDEGNA	10901 SOUTH STONELAKE BLVD, SUITE 198 AUSTIN, TX 78759 USA	
соо	STEVEN SARDEGNA	10901 SOUTH STONELAKE BLVD, SUITE 198 AUSTIN, TX 78759 USA	
ASSISTANT SECRETARY	STEVEN SARDEGNA	10901 SOUTH STONELAKE BLVD, SUITE 198 AUSTIN, TX 78759 USA	
DIRECTOR	STEVEN SARDEGNA	10901 SOUTH STONELAKE BLVD, SUITE 198 AUSTIN, TX 78759 USA	
DIRECTOR	STEVEN ESCALANTE	10901 SOUTH STONELAKE BLVD, SUITE 198 AUSTIN, TX 78759 USA	
CHIEF DEVELOPMENT OFFICER	MATTHEW FAWCETT	51 SHORTLAND STREET, FLOOR 14B AUCKLAND, 1010 NZL	
DIRECTOR	JAMES BECK	7545 IRVINE CENTER DRIVE, SUITE 150 IRVINE, CA 92618 USA	
DIRECTOR	BRADFORD HENDRICKS	10901 SOUTH STONELAKE BLVD, SUITE 198 AUSTIN, TX 78759 USA	
DIRECTOR	MARK OLLILA	7545 IRVINE CENTER DRIVE, SUITE 150 IRVINE, CA 92618 USA	

## 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CWP		\$0.0001	39,000,000.00	16139204
PWP	SEED	\$0.0001	3,500,000.00	3420363

9. 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.

**Signed this 24 Day of April, 2024 at 7:35:26 PM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.* 

By <u>STEVEN SARDEGNA</u> Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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