RI SOS Filing Number: 202571257090 Date: 4/22/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025
Corporation

→ 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	2. Exact name of the Corporation			
001769615	Stakelogic USA Limited			
3. Principal Office Address		City	State	Zip
NUMBERED PIXELS MANAGEMENT SUITE 112 THE FORT L		NAXXAR	MLT	NXR6345
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
713290	ENTERING INTO SOFTWARE SERVICE AGREEMENTS WITH LICENSED B2B/B2C OPERATORS FOR THE SUPPLY OF ONLINE AND LIVE CASINO GAMES TO PLAYERS IN RHODE ISLAND			
5. State of Incorporation				
Malta				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment

President Name			Vice-President Name		
N/A			N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Owen Grech			N/A		
Street Address			Street Address		
143 MEDINA MANSIONS PHSE 15 TRIQ RUZAR B					
City	State	Zip	City	State	Zip
Mosta	MLT	MST1491			

8. List ALL directors (names and addresses) — Check the box to indicate an attachment

Director Name			Director Name		
Owen Grech			Jonathan Dalli		
Street Address			Street Address		
143 MEDINA MANSIONS PHSE 15 TRIQ RUZAR B			17-19 "L-Ghorfa",Triq It-Twila		
City	State	Zip	City	State	Zip
Mosta	MLT	MST1491	Zebbug	MLT	ZBG1444
Director Name			Director Name		
Stephan Van Den Oetelaar					
Street Address			Street Address		
Zijdelved 20					
City	State	Zip	City	State	Zip
Uithoorn,	NLD	1421 TG			

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1200	Common	$1.08

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	Date
Owen Grech	15/04/2025

FILED
APR 22 2025
BY

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

FORM 630- Revised 12/2023