



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDOS BSD
25 APR 22 PM 2:24:15

1. Entity ID Number 001769615		2. Exact name of the Corporation Stakellogic USA Limited												
3. Principal Office Address NUMBERED PIXELS MANAGEMENT SUITE 112 THE FORT L			City NAXXAR	State MLT	Zip NXR6345									
4. NAICS Code 713290		6. Brief description of the character of business conducted in Rhode Island 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 N/A			Vice-President Name N/A											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Secretary Name Owen Grech			Treasurer Name N/A											
Street Address 143 MEDINA MANSIONS PHSE 15 TRIQ RUZAR B			Street Address											
City Mosta	State MLT	Zip MST1491	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment														
Director Name Owen Grech			Director Name Jonathan Dalli											
Street Address 143 MEDINA MANSIONS PHSE 15 TRIQ RUZAR B			Street Address 17-19 "L-Ghorfa", Triq It-Twila											
City Mosta	State MLT	Zip MST1491	City Zebbug	State MLT	Zip ZBG1444									
Director Name Stephan Van Den Oetelaar			Director Name											
Street Address Zijdelved 20			Street Address											
City Uithoorn,	State NLD	Zip 1421 TG	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 Check the box to indicate an attachment												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>1200</td><td>Common</td><td>\$1.08</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1200	Common	\$1.08			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
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 Owen Grech			Date 15/04/2025											
Signature of Authorized Representative 			APR 22 2025 EYD66											

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov