

1.) CORPORATION NAME:

DUE DATE: **8/31/2013**

GTECH CORPORATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0578676**

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 10 MEMORIAL BLVD

CITY/ST/ZIP: PROVIDENCE, RI 02903

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JAYMIN B PATEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	199 GROTTO AVENUE		
CITY/ST/ZIP/CO:	PROVIDENCE, RI 02906		

NAME:	MICHAEL K PRESCOTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/GC/S		
ADDRESS:	322 SLEEPY HOLLOW FARM ROAD		
CITY/ST/ZIP/CO:	WARWICK, RI 02886		

NAME:	FRANK P. WARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & CFO		
ADDRESS:	2 COURTNEY PLACE		
CITY/ST/ZIP/CO:	NORTH ATTLEBORO, MA 02760		

NAME:	ALAN ELAND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, COO NAMER		
ADDRESS:	67 WICKHAM ROAD		
CITY/ST/ZIP/CO:	NORTH KINGSTOWN, RI 02852		

NAME:	DECLAN J HARKIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP, COO INTL		
ADDRESS:	115 WESTFIELD DRIVE		
CITY/ST/ZIP/CO:	EAST GREENWICH, RI 02818		

NAME:	ALBERTO FORNARO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10 MEMORIAL BOULEVARD		
CITY/ST/ZIP/CO:	PROVIDENCE, RI 02903		

NAME: DONALD R. SWEITZER TITLE: DIRECTOR ADDRESS: 250 MAJOR POTTER ROAD CITY/ST/ZIP/CO: WARWICK, RI 02886	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Victor Duarte TITLE: SVP/COO Spielo ADDRESS: 10 Memorial Boulevard CITY/ST/ZIP/CO: Providence, RI 02903	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Claudio Demolli TITLE: TREASURER ADDRESS: 10 Memorial Boulevard CITY/ST/ZIP/CO: Providence, RI 02903	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ MICHAEL K PRESCOTT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL K PRESCOTT, SR VP/GC/S PRINTED NAME AND CORPORATE TITLE	7/30/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		