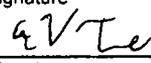


Form CHAR410 For new registrants only (Amending use CHAR410-A, Re-registering use CHAR410-R)	Registration Statement for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.charitiesnys.com/	Open to Public Inspection
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Part A - Identification of Registrant			
1. Full name of organization (exactly as it appears in your organizing document) <i>Anime Critics United, Inc.</i>	5. Fed. employer ID no. (EIN) <i>82-3084676</i>		
2. c/o Name (if applicable) <i>Tyler Romeo</i>	6. Organization's website <i>https://www.castlepointanime.com</i>		
3. Mailing address (Number and street) <i>PO Box 925</i>	Room/suite	7. Primary contact <i>Tyler Romeo</i>	
City or town, state or country and ZIP+4 <i>New York NY 10116-0925</i>		Title <i>Chairman</i>	
4. Principal NYS address (Number and street) <i>576 5th Ave Ste 903</i>	Room/suite <i>Ste 903</i>	Phone <i>(347) 766-3630</i>	Fax <i>(212) 330-8024</i>
City or town, state or country and ZIP+4 <i>New York NY 10036-4825</i>		Email <i>tromeo@castlepointanime.com</i>	

Part B - Certification - Two Signatures Required			
We certify under penalties for perjury that we reviewed this Registration Statement, including all schedules and attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this statement.			
1. President or Authorized Officer/Trustee		Signature <i>Tyler Romeo</i>	Title <i>Chairman</i> Date <i>2017-12-29</i>
2. Chief Financial Officer or Treasurer		Signature <i>Evan VanTine</i>	Title <i>Treasurer</i> Date <i>3/27 2018-3-2</i>

Part C - Fee Submitted		
If registering to solicit contributions, fee is \$25. If not registering to solicit contributions, no fee is owed.	Check <input checked="" type="checkbox"/> if you are submitting \$25 fee to register to solicit contributions.	Submit check or money order, payable to "NYS Department of Law."

Part D - Attachments - All Documents Required	
Attach all of the following documents to this Registration Statement, even if you are claiming an exemption from registration:	
<ul style="list-style-type: none"> • <input checked="" type="checkbox"/> Certificate of incorporation, trust agreement or other organizing document, and any amendments; and • <input checked="" type="checkbox"/> Bylaws or other organizational rules, and any amendments; and • <input checked="" type="checkbox"/> IRS Form-1023 or 1024 Application for Recognition of Exemption (if applicable); and • <input checked="" type="checkbox"/> IRS tax exemption determination letter (if applicable) 	

Part E - Request for Registration Exemption	
Is the organization requesting exemption from registration under either or both Article 7-A or the EPTL? <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No	
* If "Yes", complete Schedule E.	

Part F - Organization Structure

1. Incorporation / formation

<p>a. Type of organization:</p> <p>Corporation <input checked="" type="checkbox"/></p> <p>Limited liability company (LLC) <input type="checkbox"/></p> <p>Partnership <input type="checkbox"/></p> <p>Sole proprietorship <input type="checkbox"/></p> <p>Trust <input type="checkbox"/></p> <p>Unincorporated association <input type="checkbox"/></p> <p>Other * <input type="checkbox"/></p> <p>* If Other, describe:</p>	<p>b. Type of corporation if New York not-for-profit corporation</p> <p>A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/></p> <p>c. Date incorporated if a corporation or formed if other than a corporation</p> <p><u>10,13,2017</u></p> <p>d. State in which incorporated or formed</p> <p><u>New York</u></p>
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2. List all chapters, branches and affiliates of your organization (attach additional sheets if necessary)

Name	Relationship	Mailing address (number and street, room/suite, City or town, state or country and zip+4)

3. List all officers, directors, trustees and key employees

Name	Title	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	End of term (if applicable)
Tyler Romeo	Chairman	PO Box 8259 New York NY 10116-8259	08/31/2018
Benjamin Knutson	President	535 41st Ave San Francisco CA 94121-2526	06/30/2018
Evan Van Tine	Treasurer	207 Oakwood Ave Bogota NJ 07603-1721	06/30/2018
Ivan Ching	Vice-President	2382 McDowell Dr Wake Forest NC 27587-2572	06/30/2018
Audrey D'Souza	Vice-President		06/30/2018
Kah Yap	Vice-President	4255 Colden St Apt 12T Flushing NY 11355-3944	06/30/2018
Rachel Yao	Vice-President	70-21 Loubet St Forest Hills NY 11375-5847	06/30/2018

4. Other Names and Registration Numbers

<p>a. List all other names used by your organization, including any prior names</p> <p><u>Castle Point Anime Convention</u></p>	<p>b. List all prior New York State charities registration numbers for the organization, including those from the New York State Attorney General's Charities Bureau or the New York State Department of State's Office of Charities Registration</p> <p><u>N/A</u></p>
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Part G - Organization Activities

1. Month the annual accounting period ends (01-12) 08 2. NTEE code A23

3. Date organization began doing each of following in New York State:

a. conducting activity 10,31,2017

b. maintaining assets 11,07,2017

c. soliciting contributions (including from residents, foundations, corporations, government agencies, etc.) 11,29,2018

4. Describe the purposes of your organization
The corporation is formed for the purpose of organizing, or assisting with the organization of, activities and events open to the general public that promote cultural exchange with Japan and other East Asian countries and peoples.

5. Has your organization or any of your officers, directors, trustees or key employees been:

a. enjoined or otherwise prohibited by a government agency or court from soliciting contributions? Yes* No
 * If "Yes", describe:

b. found to have engaged in unlawful practices in connection with the solicitation or administration of charitable assets? Yes* No
 * If "Yes", describe:

6. Has your organization's registration or license been suspended by any government agency? Yes* No
 * If "Yes", describe:

7. Does your organization solicit or intend to solicit contributions (including from residents, foundations, corporations, government agencies, etc.) in New York State? Yes* No
 * If "Yes", describe the purposes for which contributions are or will be solicited:
Contributions will be collected as membership fees for the organization, and for donations to cover program service expenses, specifically the organization of conferences and conventions focused on cultural exchange with Japan and other East Asian countries and peoples.

8. List all fund raising professionals (FRP) that your organization has engaged for fund raising activity in NY State (attach additional sheets if necessary)

Name	Type of FRP (see instructions for definitions)	Mailing address (number and street, room/suite, city or town, state or country and zip+4)	Dates of contract
	PFR <input type="checkbox"/> FRC <input type="checkbox"/> CCV <input type="checkbox"/>		Start date: ___/___/___ End date: ___/___/___
	PFR <input type="checkbox"/> FRC <input type="checkbox"/> CCV <input type="checkbox"/>		Start date: ___/___/___ End date: ___/___/___
	PFR <input type="checkbox"/> FRC <input type="checkbox"/> CCV <input type="checkbox"/>		Start date: ___/___/___ End date: ___/___/___

Part H - Federal Tax Exempt Status

1. If applicable, list the date your organization:

a. applied for tax exempt status ___/___/___

b. was granted tax exempt status ___/___/___

c. was denied tax exempt status ___/___/___

d. had its tax exempt status revoked ___/___/___

2. Provide Internal Revenue Code provision: 501(c)(3)