EEOC Standard Form 100 (SF 100)

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)									OMB Control Number: 3046-0049 Expiration Date: 08/31/2024						
SECTION A – TYPE OF REPORT CONSOLIDATED REPORT															
		SECT	TON B	-EMP	LOYE	R IDEN									
OFS COMPANY ID EMPLOYER NAME															
1307988 HASBRO INC															
ADDRESS CITY/TOWN STATE ZIP CODE											DE				
1027 NEWPORT AVENUE						PAWTUCKET						RI 0286			61
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME															
					`										
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE								DE							
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS					CITY/TOWN						STATE ZIP CO		DE		
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 050389480															
_						FILING									
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
☐ YES (Single-Establishment Employer is Federal Contractor) ☐ YES (Multi-Establishment Employer is Federal Contractor)															
YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)															
☐ YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G - NAICS INFORMATION															
339930 - Doll, Toy, and Game Manufacturing															
SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity															
	Hispanic Not Hispanic or Latino or Latino Male Female														
	Of La	atimo			IVI	ale					ren	lale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
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Executive/Senior Level Officials and Managers	4	3	93	3	10	0	0	3	53	6	4	0	0	1	180
First/Mid-Level Officials and Managers	22	36	428	7	35	0	0	12	414	10	47	0	0	15	1026
Professionals Tachnicians	65	77	735	27	81	4	2	32	572	24	91	0	1	30	1741
Technicians Sales Workers	3	0	12 16	0	0	0	0	1	5 18	2	2	0	0	0	24 42
Administrative Support Workers	13	38	73	5	5	0	1	4	284	14	20	0	1	8	466
Craft Workers	1	0	15	1	0	0	0	1	7	0	1	0	0	0	26
Operatives	9	3	2	3	0	0	1	0	0	0	0	0	0	0	18
Laborers and Helpers Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4 0
CURRENT 2022 REPORTING YEAR TOTAL	118	158	1375	48	131	4	4	55	1355	56	167	0	2	54	3527
PRIOR 2021 REPORTING YEAR TOTAL	91	148	1078	39	104	3	3	28	1240	41	136	0	3	40	2954

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/12/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

EEOC Standard Form 100 (SF 100) U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046-0049 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) Expiration Date: 08/31/2024 SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION EMPLOYER IDENTIFICATION OFS COMPANY ID EMPLOYER NAME 1307988 HASBRO INC ADDRESS CITY/TOWN STATE ZIP CODE **1027 NEWPORT AVENUE PAWTUCKET** RI 02861 CERTIFICATION COMMENTS (optional)

Resubmitting an updated EEO report without Entertainment Partners (EP) data as EP submission will be done separately.

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION 1/9/2024 3:40 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL							
Name of Employer's Certifying Official	Title of Certifying Official						
Alison Martins	Director, HR Program Management						
Email Address of Certifying Official	Telephone Number of Certifying Official						
ALISON.MARTINS@HASBRO.COM	401-727-5301						
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING							
Name of Primary POC	Title and Employer of Primary POC						
Alison Martins	Director, HR Program Management						
	Hasbro Inc.						
Email Address of Primary POC	Telephone Number of Primary POC						
ALISON.MARTINS@HASBRO.COM	401-727-5301						