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State of Rhode Island and Providence Plantations

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Department of State	ivision SECRETAIN VEN					
Annual Report for the year:  Corporation		017	Vision SECRETARY OF STATE CORPORATIONS OF STATE			
<ul> <li>→ Filing period: January 1 - Mi</li> <li>→ Filing Fee: \$50,00</li> <li>→ Penalty. Additional \$25,00 fe</li> </ul>		led by April 1.		Sala Vi	PR 25 AF	11: 25
Entity ID Number	2. Exact name o	f the Corporation		· · ·		
000163187	l	ta, Inc.				
3. Principal Office Address			City	···	State	Zip
_ lle Edwin St			Barnin	aton	21	02806
4. NAICS Code	6. Brief description	on of the characte	r ni niicinece ra	Suiducted in Mhade (c)	and	· · · · · · · · · · · · · · · · · · ·
812990	Analytics Software - Professional Consulting					
5. State of Incorporation	Service					
DE		J 11.C3				
7. List ALL officers (names and addr President Name	esses)		114 6 11	Check th	ne box to indi	cate an attachment 🔲
PeterGray			Vice-President Name			
Street Address .			Street Address			
City Blo Edwin St.	State	Tzip	City		Tour	
Barmaton	Ř۱	DZ806	City		State	Zip
Secretary Name Mary Curtis Gray			Treasurer Nam		<u> </u>	<del> </del>
Street Address			Many Curt's Gray Street Address			
16 Edwin St			Ila Edwin St.			
City Bamhaton	State	02806	City Bam	hato-	State R !	02806
8. List ALL directors (names and add	, ~ ,	10000	1 Carr	Check th		icate an attachment
Director Name Peter Gray	Director Name					
Street Address	Street Address					
Same as ab				Same as	above	
City	State	Zip	City		State	Zip
Director Name		<u> </u>	Director Name		<del> </del>	<del>.</del>
Street Address			Constant			
		Street Address				
City	State	Zip	City	<del></del> _	State	Zıp
9. Shares Authorized		10. Shares Issue	nd .	Chack ti	no how to und	cate an attachment
This information is currently of record in the		NUMBER OF S		CLASS/SERIES	TE DOX TO ITIU	PAR VALUE
Department of State. Changes require an additional filing.		7,000,	000	CWP	1	0.01
		3,000		PWP		0.01
11 This report must be executed on	behalf of the cor	poration by an au	thorized rennes	entative If the corpor	ation is in the	
trustee, this report must be executed	on behalf of the	corporation by the	e receiver or tri	ustee.		
Under penalty of perjury, I declare statements, and that all statement	e and affirm that ts contained he	' i have examined rein are true and	l this report, is correct	ncluding any accom	oanying sch	edules and
Name of Authorized Representative			<u> </u>	<del></del> -	Date	,
Many Curtis Gray					4/2	5/2019
Signature of Authorized Representati	F	ILED	<del></del>			
11/2 Enla S	<b>&gt;</b>		. = -	_		
MAIL TO:	7)		APR	2 5 2019	. 1	
Division of Business Services  148 W. River Street Providence Rhode I	Vieland 02004 2615		(1	MQHMC	11:34	
Phone: (401) 222-3040	sianu v2904-2615		BY 💥	MUXHMC	J	

FORM 530 - Revised: 10/2017