RI SOS Filing Number: 201991113560 Date: 4/25/2019 11:33:00 AM

State of Rhode Island and Providence Plantations

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Department of State	te - Busines:	s Services D	ivision	aF0∂	RECEIVE	. * 	
Annual Report for the year	210	ivision SCRETARY OF STATE CORPORATIONS AND					
Corporation	rporation ————			2019 APR 25 AH II: 25			
 → Filing period: January 1 - March 1 → Filing Fee: \$50.00 					WED AP	11:25	
→ Penalty: Additional \$25.00 fee	e if form is not fil	ed by April 1.					
	2. Exact name of						
000163187	WhyDa	la, Inc.					
3. Principal Office Address			City	_	State	Zıp	
16 Edwin St 14 NAICS Code	C. Doof december	(4bb	Barnine	aton	RI	02806	
812990	o. Bilei descripțio	on or the characte	r of business co	Aducted in Rhode Isla	and		
5. State of Incorporation	Analyte	5 Softwa	re + tro	fessional C	sons u t	p,v.)	
DE	Se	INICS'		•			
7. List ALL officers (names and addr	esses)				e box to indi	cate an attachment 🔲	
President Name Peter Gray			Vice-President Name				
Street Address			Street Address				
City P. Ho Edwin St.	State	Zıp	City		State	Zip	
Barrhaton Secretary Name	RI	²¹⁰ 2806					
Mary Curtis Gray			Many Curtis Gray				
Street Address 16 Edwin St			Street Address LE dwin St				
City P	State	Zip	City	Eawin ST	State	Zip	
Bamhaton 8. List ALL directors (names and add	RI traceas)	02806	City Bam	haton	RI	02806	
Director Name	<u>nesses)</u>		Director Name	Check th	ie box to indi	icate an attachment	
Peter Gray Street Address			Street Address	Many Curtis	Gray		
same as above			Same as above				
City	State	Žιρ	City		State	Zip	
Director Name		L	Director Name	- -	1		
Street Address	Street Address						
Ch.							
City	State	Zıp	City		State	Zip	
Shares Authorized This information is currently of record		10. Shares Issue		Check th	e box to ind	icate an attachment	
Department of State.	. In the	NUMBER OF S		CLASS/SERIES		PAR VALUE	
Changes require an additional filing.		1,000,		<u>CWP</u>		0.01	
		3,000,000		PWP		0.01	
 This report must be executed on trustee, this report must be executed 	behalf of the com on behalf of the	poration by an au comporation by th	thorized repres	entative. If the corpora	ation is in the	hands of a receiver or	
Under penalty of perjury, I declare statements, and that all statement	and affirm that	I have examined	this report, in	ncluding any accomp	anying sch	edules and	
Name of Authorized Representative	_		correct.		Date	 -	
Many Curtis Gray					4/2	25/2019	
Signature of Authorized Representat		FILED	1				
11/ Hala &							
MAIL TO:			APR 2 5 2019				
Division of Business Services 148 W. River Street, Providence, Rhode to	sland 02904-2615			MAHMC	11:33	•	
Phone: (401) 222-3040			BY X	MAHM			

FORM 630 - Revised: 10/2017