



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year:  
Corporation

2014

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2019 APR 25 AM 11:25

1. Entity ID Number <b>000163187</b>		2. Exact name of the Corporation <b>WhyData, Inc.</b>			
3. Principal Office Address <b>16 Edwin St</b>		City <b>Barrington</b>		State <b>RI</b>	Zip <b>02806</b>
4. NAICS Code <b>812990</b>		6. Brief description of the character of business conducted in Rhode Island <b>Analytics Software + Professional Consulting Services</b>			
5. State of Incorporation <b>DE</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Peter Gray</b>			Vice-President Name		
Street Address <b>16 Edwin St.</b>			Street Address		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City	State	Zip
Secretary Name <b>Mary Curtis Gray</b>			Treasurer Name <b>Mary Curtis Gray</b>		
Street Address <b>16 Edwin St.</b>			Street Address <b>16 Edwin St.</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Peter Gray</b>			Director Name <b>Mary Curtis Gray</b>		
Street Address <b>Same as above</b>			Street Address <b>Same as above</b>		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
<b>7,000,000</b>		<b>CWP</b>		<b>0.01</b>	
<b>3,000,000</b>		<b>PWP</b>		<b>0.01</b>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative <b>Mary Curtis Gray</b>					Date <b>4/25/2019</b>
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

APR 25 2019

**FILED**  
**BMQ/HMC**

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