



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

Annual Report for the year: 2012
 Corporation

- 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
 CORPORATION DIV

2019 APR 25 AM 11:25

1. Entity ID Number 000163187		2. Exact name of the Corporation WhyData, Inc.			
3. Principal Office Address 16 Edwin St			City Barrington	State RI	Zip 02806
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Analytics Software + Professional Consulting Services			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Peter Gray			Vice-President Name		
Street Address 16 Edwin St.			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Mary Curtis Gray			Treasurer Name Mary Curtis Gray		
Street Address 16 Edwin St			Street Address 16 Edwin St		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Peter Gray			Director Name Mary Curtis Gray		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			7,000,000		CWP
			3,000,000		PWP
			PAR VALUE		
			0.01		
			0.01		
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 Mary Curtis Gray					Date 4/25/2019
Signature of Authorized Representative 					FILED

APR 25 2019

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BY

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov