RI SOS Filing Number: 201991114440 Date: 4/25/2019 11:28:00 AM

State of Rhode Island and Providence Plantations  Department of State - Business Services Division  Annual Report for the year:							
Annual Report for the ye		CORPORATION PONE					
Corporation — QUII —			2019 APR 25 AH II: 25				
→ Filing period: January 1 - March 1 → Filing Fee. \$50,00							
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.							
1. Entity ID Number	2. Exact name o	f the Corporation					
000163187	WhyDa	ta, Inc	•				
3. Principal Office Address					State	Zip	
lle Edwin St			Barnino	ton	RI	02806	
4 NAICS Code	6. Brief descripti	on of the characte	r of business co	ducted in Rhode Isla	and		
812990 5. State of Incorporation	6. Brief description of the character of business conducted in Rhode Island  Analytics Software - Professional Consulting Services						
DE Servics							
7. List ALL officers (names and add	traccac)			- Ob to 40			
President Name			Check the box to indicate an attachment  Vice-President Name				
Street Address			Street Address				
16 Edwin St.			Sueet Address				
City Barrhaton	State	<sup>Z10</sup> 2806	City		State	Zip	
Secretary Name	1.1.1.	10000	Treasurer Name		1		
Many Curhs Street Address	Street Address	lurt's Gray					
16 Edwin St			ما	la Edwin St			
City Bamhaton	State	028 Cb	City Bam	. etc	State	02806	
8. List ALL directors (names and ad		0000	<u> </u>	Check th		icate an attachment	
Director Name Peter Gray  Director Name  Many Curtis Gray							
Street Address			Street Address		Gray	· - · · · · · · · · · · · · · · · · · ·	
Same as a	State	Zip	City	Same as	abo∨⊂ IState	<u></u>	
·				<u>.</u>	State	Zip	
Director Name			Director Name	irector Name			
Street Address	Street Address						
City	State	Zip	City	<del></del>	Iciaia	15	
	Jointe	Σ.μ	City		State	Zip	
9. Shares Authorized This information is currently of recor	rd in the	10 Shares Issu NUMBER OF S		Check the CLASS/SERIES	e box to ind	icate an attachment  PAR VALUE	
Department of State.							
Changes require an additional filing.		1,000,	<del></del>	CWP		0.01	
11. This record on this		3,000,000		PWP		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 Date							
Many Curtis Gray 4/25/2019							
Signature of Authorized Representative FILED							
11/ Still the							
MAIL TO:	0			AFR 2 5 2019	4 (	·	
Division of Business Services  148 W. River Street, Providence, Rhode Island 02904-2615  Phone: (401) 222-3040  BY M O HMC							
Phone: (401) 222-3040 Website: www.sos.ri.gov			Ki c			RM 930 - Revised: 10/2017	