State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 APR 25 AH 11: 25

| Annual Report for the year: | 201 |
|-----------------------------|--------|
| Corporation | _2011_ |

- → Filing period: January 1 March 1
- → Filing Fee. \$50.00

| → Penalty: Additional \$25.00 | ofee if form is r | not filed by April 1. | | | | | |
|---|---|--------------------------------------|--------------------|---------------------------|-------------------|------------------------|--|
| Entity ID Number | 2. Exact nar | ne of the Corporation | | | | | |
| 000163187 | Why | Data, Inc | 4 | | | | |
| 3. Principal Office Address | | | City | | State | Zip | |
| lle Edwin St | • | | Barning | ton | RI | 02806 | |
| 4 NAICS Code | 6. Brief desc | cription of the characte | er of business cor | ducted in Rhade I | sland | | |
| 812990 | Anali | ties Softwa Servics | ire + Prol | essional | Consult | 2'00 | |
| 5. State of incorporation | 1,1,000 | Spairs | 7 | | |) | |
| DE | | Ser.es | | | | | |
| 7. List ALL officers (names and a President Name | addresses) | | | | the box to indic | ate an attachment 🔲 | |
| Peter Gra | · G | | Vice-President N | ame | | - | |
| Street Address | · - | | Street Address | | | | |
| City Ble Edwin S | State | 12 | | | | | |
| 1 Bambatos | \mathbf{D}_{1} | ^{Zip} 2806 | City | | State | Zip | |
| Secretary Name | | | Treasurer Name | | | _ | |
| Secretary Name Many Curhs Street Address | bray | Gray Many Curt's Gray Street Address | | | | | |
| 1 16 fdala 5+ | | | | Edwin S- | L | | |
| Bamhaton 8. List ALL directors (names and | State | 028 CG | City Barry | • | State | DZ806 | |
| | addresses) | | - | Check | | ate an attachment | |
| Director Name Peter Gray | | | Director Name | la Card | ~ / | | |
| Street Address | | | Street Address | uny cuin | 5 Gray | | |
| Same as | above | | <u> </u> | Sameas | above | · | |
| City | State | Zıp | City | | State | Zip | |
| Director Name | | | Director Name | - | | | |
| Street Address | | | Street Address | | | | |
| City | State | Zip | City | | State | Zip | |
| | | | | | State | Zip | |
| 9. Shares Authorized This information is currently of rec | roed in the | 10 Shares Issu | | | | cate an attachment | |
| Department of State. | toru in the | | | CLASS/SERIE | | PAR VALUE | |
| Changes require an additional filir | ıg. | 7,000, | 000 | <u>Cwf</u> | | 0.01 | |
| 3 | | 3,000, | 000 PWP | | 0.01 | | |
| 11 This report must be executed | on behalf of the | e corporation by an au | thorized represe | ntative. If the corpo | oration is in the | hands of a receiver or | |
| trustee, this report must be executed Under penalty of perjury, I dec | lare and affirm | that I have examine | d this report, inc | itee. Iuding anv accor | npanying sche | dules and | |
| Statements, and that all statem | nents contained | d herein are true and | correct. | | | | |
| Name of Authorized Representative Mary Curtis Gray Date 4/25/2019 | | | | | | | |
| Signature of Authorized Represe | y Curi | Bray | | | 1 4/2 | 5/2019 | |
| Signature from the property | Li en la companya di managara | · · | | FILED | | | |
| 11/7 X MIN X | Sy | | | LPR o E onio | | | |
| MAIL TO: | 0 | | • | ALIV \$ 9 SO12 | A C | | |

vision of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BYRMOHMC

FORM 530 - Revised: 10/2017