| State of | of Rhode Island and Pro Office of the Secreta | | Fee: \$50.00 | | | | |
|--|--|--------------------------------------|--------------------|--|--|--|--|
| | Division Of Business Services 148 W. River Street | | | | | | |
| HOPE | Providence RI 0290 (401) 222-304 | | | | | | |
| Business Corporation Annual Report Filing Period: January 1 - March 1 | | | | | | | |
| In accordance with R.I.G.L. 7-1.2- annual report within thirty (30) day (c&d)) is subject to a penalty fee o | s after the time prescribed by la | | | | | | |
| ANNUAL REPORT YEAR: 2020 | | | | | | | |
| 1. Corporate ID No. 00010 | 3244 | | | | | | |
| 2. Name of Corporation <u>M J DATACORP, LTD.</u> | | | | | | | |
| 3. Street Address Principal Bus | siness Office: | | | | | | |
| No. and Street:400 PUTNACity or Town:SMITHFIEL | <u>M PIKE, SUITE J511</u> D | State: <u>RI</u> Zip: <u>02917</u> C | ountry: <u>USA</u> | | | | |
| 4. Business Phone No. | | | | | | | |
| 5. State of Incorporation | | | | | | | |
| State: <u>RI</u> | | | | | | | |
| | ARTICLE III | | | | | | |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. | | | | | | | |
| <u>541690</u> | | | | | | | |
| 6. Brief Description of the Cha | racter of Business Conducted | d in Rhode Island | | | | | |
| ACADEMIC AND EDUCATI RESEARCH STUDIES AND S | | | | | | | |
| 7. Names and Addresses of the | Officers and Directors: | | | | | | |
| All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete. | | | | | | | |
| Title | Individual Name | Address | | | | | |
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip | o Code, Country | | | | |

P. ALLISON MINUGH

400 PUTNAM PIKE, SUITE J511

PRESIDENT

| | SMITHFIELD, RI 02917 USA | |
|-------------------|---|--|
| P. ALLISON MINUGH | 400 PUTNAM PIKE, SUITE J511 SMITHFIELD, RI 02917 USA | |
| SUSAN L. JANKE | 400 PUTNAM PIKE, SUITE J511 SMITHFIELD, RI 02917 USA | |
| SUSAN L. JANKE | 400 PUTNAM PIKE, SUITE J511 SMITHFIELD, RI 02917 USA | |
| P. ALLISON MINUGH | 400 PUTNAM PIKE, SUITE J511 SMITHFIELD, RI 02917 USA | |
| SUSAN L. JANKE | 400 PUTNAM PIKE, SUITE J511 SMITHFIELD, RI 02917 USA | |
| | SUSAN L. JANKE SUSAN L. JANKE P. ALLISON MINUGH | |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares Number of Shares | Total Issued and Outstanding <i>Num of</i> <i>Shares</i> |
|----------------|-----------------|---------------------|--|--|
| CNP | | \$0.0000 | 8,000.00 | 44 |

9. 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.

Signed this 22 Day of January, 2020 at 2:37:28 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By SANDRA MATRONE MACK

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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