RI SOS Filing Number: 202185776110 Date: 1/7/2021 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

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

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JAN 07 2021

FULLY IN INTERIOR IN	71		e Corporation					
7 10 84 10	NEUME:	RIC S	rechnolog:	IES, INC				
3. Principal Office Address				City			State	Zip
470 OLDE WORTHINGTON RD SUITE 225			ITE 225	WESTER	RVILLE		OH	43082
4. NAICS Code	6. Brief des	cription o	of the character of t	ousiness conducte	d in Rhode Island			
<u>541600</u>								
State of Incorporation								
ОН	SOFTW	ARE I	DEV.					
7. List ALL officers (names					Ch	eck the box	to indica	ite an attachment
President Name				Vice-President Name				
SUDHEER GADDA	<u>Y</u>							
Street Address				Street Address				
1337 MAGNOLIA	WAY			ļ				
City	State	Zip)	City		State	Ī	Zip
POWELL	OH	4	<u> 13065</u>					
Secretary Name				Treasurer Na	me			
Street Address			Street Address					
City	State	Zig	<u> </u>	City		State		
,				J,	_			p
8. List ALL directors (names	s and addresses)			_	Ch	eck the box	to indica	ite an attachment
Director Name				Director Nam	е			
Street Address	···			Street Addres	ss			
City	State	Zig	<u> </u>	City		State		Zip
Director Name				Director Name				
								
Street Address				Street Addres	SS			
City	State	Zij)	City		State		Zip
Shares Authorized			10. Shares Issue	<u> </u>	Ch	eck the box	to indica	ite an attachment
This information is currently of record in the NUMBER		NUMBER O	F SHARES CLASS/SERIES		RILS	PAR VALUE		
		0 C			100			
Changes require an additi	onal filing.							
11. This report must be exec	cuted on behalf of t	he corpo	ration by an author	ized representativ	e. If the corporation	is in the ha	nds of a	receiver or
trustee, this report must be	executed on behalt	of the c	orporation by the re	eceiver or trustee.				
Under penalty of perjur					rt, including any	accompa	nying s	chedules and
statements, and that al	l statements co	ntained	l herein are true	and correct.				
Name of Authorized Representative						D	ate 12-12	21/20
Signature of Authorized Ref	resentative	 -					1-1-	,
and introduction of Grant Control								

MAIL TO:

Division of Business Services

SUDHEER GADDAM

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

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