RI SOS Filing Number: 202188111800 Date: 1/27/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

JAN 27 2021

BY

Annual Report for the year: 2021

Corporation

→ 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 of the Corporation
1674597	M&D QA Software,Inc.

3. Principal Office Address	City	State	Zip
4 Windsor Court	Pawtucket	RI	02861

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541511	OPERATION OF A SOFTWARE DEVELOPMENT COMPANY AND ALL MATTERS RELATED THERETO
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Patricia G. Tetreault	4 Windsor Court	Pawtucket	RI	02861

Vice-President Name	Street Address	City	State	Zip
Vacant				

Secretary Name	Street Address	City	State	Zip
Patricia G. Tetreault	4 Windsor Court	Pawtucket	RI	02861

Treasurer Name	Street Address	City	State	Zip
Patricia G. Tetreault	4 Windsor Sourt	Pawtucket	RI	02861

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Patricia G. Tetreault	4 Windsor Court	Pawtucket	RI	02861

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
10	COMMON	NO PAR

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
PATRICIA G. TETREAULT	1/19/2021

Signature of Authorized Representative

Patricia G. Tetreault

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020