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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

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BUS SVCS DIV
2021 MAR -5 P 12:16

STAMP
FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation			
001716217	QueueDr Inc			
3. Principal Office Address		City	State	Zip
434 Fayetteville St, Suite 1400		Raleigh	NC	27601
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541511	Provide software as a service			
5. State of Incorporation				
Delaware				

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

President Name: Michael Davidoff			Vice-President Name:		
Street Address: 434 Fayetteville St, Suite 1400			Street Address:		
City: Raleigh	State: NC	Zip: 27601	City:	State:	Zip:
Secretary Name: Randy Rasmussen			Treasurer Name: Randy Rasmussen		
Street Address: 434 Fayetteville St, Suite 1400			Street Address: 434 Fayetteville St, Suite 1400		
City: Raleigh	State: NC	Zip: 27601	City: Raleigh	State: NC	Zip: 27601

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

Director Name: Allison Hoffman			Director Name:		
Street Address: 434 Fayetteville St, Suite 1400			Street Address:		
City: Raleigh	State: NC	Zip: 27601	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	3,557,987	Common	.0001
Changes require an additional filing.	2,735,703	Preferred	.0001

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
Allison Hoffman	3/4/2021

Signature of Authorized Representative

DocuSigned by: Allison Hoffman
F0F6DAAB3C73496

SIGN DOCUMENT H **FILED**

MAR 05 2021

BY 234169

AA.

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: 10/2017