



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.

STAMP

RECEIVED
R.I. DEPT. OF STATE
BUS SYCS DIV-OR-
SECRETARY OF STATE
UST. ONLY

1. Entity ID Number 001716217		2. Exact name of the Corporation QueueDr Inc				2021 MAR -5 P 12:16		
3. Principal Office Address 434 Fayetteville St, Suite 1400			City Raleigh		State NC		Zip 27601	
4. NAICS Code 541511		6. Brief description of the character of business conducted in Rhode Island Provide software as a service						
5. State of Incorporation Delaware								
7. List ALL officers (names and addresses)							Check the box to indicate an attachment <input type="checkbox"/>	
President Name Michael Davidoff				Vice-President Name				
Street Address 434 Fayetteville St, Suite 1400				Street Address				
City Raleigh		State NC		Zip 27601		City		
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 <input type="checkbox"/>	
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				
This information is currently of record in the Department of State. Changes require an additional filing.				Check the box to indicate an attachment <input type="checkbox"/>				
				NUMBER OF SHARES		CLASS/SERIES		PAR VALUE
				3,557,987		Common		.0001
		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 Allison Hoffman						Date 3/4/2021		
Signature of Authorized Representative DocuSigned by: Allison Hoffman								

SIGN DOCUMENT

FILED

MAIL TO: 6060AAB3C73496

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 05 2021

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FORM 630 - Revised: 10/2017