



State of Rhode Island

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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R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2021 SEP 17 PM 12:41

1. Entity ID Number 1664890		2. Exact name of the Corporation Qubole, Inc.	
3. Principal Office Address 10801 North Mopac Expressway, Building 1, Suite 100		City Austin	State Texas
		Zip 78759	
4. NAICS Code 511210	6. Brief description of the character of business conducted in Rhode Island Software Development		
5. State of Incorporation Delaware			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Randall E. Jacobs, Chief Executive Officer		Vice-President Name	
Street Address 10801 North Mopac Expressway		Street Address	
City Austin	State TX	Zip 78759	
Secretary Name Trey Chambers		Treasurer Name Trey Chambers, Chief Financial Officer	
Street Address 10801 North Mopac Expressway		Street Address 10801 North Mopac Expressway	
City Austin	State TX	Zip 78759	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name Trey Chambers		Director Name	
Street Address 10801 North Mopac Expressway		Street Address	
City Austin	State TX	Zip 78759	
Director Name Randall E. Jacobs		Director Name	
Street Address 10801 North Mopac Expressway		Street Address	
City Austin	State TX	Zip 78759	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		1,000	Common
			0010
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 Trey Chambers		Date March 22, 2021	
Signature of Authorized Representative <i>Trey Chambers</i>			

FILED

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

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