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. Jacops, Chief Executive Officer			Vice-President Name:		
Street Address: 10801 North Mopac Expressway			Street Address:		
City: Austin	State: TX	Zip: 78759	City:	State:	Zip:
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	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	City:	State:	Zip:
Director Name: Randall E. Jacops			Director Name:		
Street Address: 10801 North Mopac Expressway			Street Address:		
City: Austin	State: TX	Zip: 78759	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Number of Shares	Class/Series	Par Value
This information is currently of record in the Department of State. **Changes require an additional filing.**	1,000	Common	.0010

Check the box to indicate an attachment ☐

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
Trey Chambers	March 22, 2021

Signature of Authorized Representative: [signature]

FILED
SEP 17 2021
BY [handwritten initials] 12:47

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