



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

APR 26 2023
 207444829

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>1604890</u>	2. Exact name of the Corporation Qubole, Inc.
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3. Principal Office Address 10801 N Mopac Expy bldg 1 suite 100	City Austin	State TX	Zip 78759
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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 <input type="checkbox"/>					
President Name Randall E. Jacobs			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		
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 <input type="checkbox"/>					
Director Name Trey Chambers			Director Name		
Street Address 10801 N Mopac Expy bldg 1 suite 100			Street Address		
City Austin	State TX	Zip 78759	City	State	Zip
Director Name Randall E. Jacobs			Director Name		
Street Address 10801 N Mopac Expy bldg 1 suite 100			Street Address		
City Austin	State TX	Zip 78759	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 <input type="checkbox"/>		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	1,000	Common	0.0001

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 Trey Chambers	Date March 23, 2023
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Signature of Authorized Representative
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov