



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.			
3. Principal Office Address 10801 N Mopac Expy bldg 1 suite 100			City Austin	State TX	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 <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		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		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. <b>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.</b>					
Name of Authorized Representative Trey Chambers					Date March 23, 2023
Signature of Authorized Representative 					

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