



Annual Report for the year: 2020
Corporation

STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 001688409		2. Exact name of the Corporation eGrove Systems Corporation			
3. Principal Office Address 777 Washington Road #5			City Parlin	State NJ	Zip 08859
4. NAICS Code 541519		6. Brief description of the character of business conducted in Rhode Island Software Development & IT Services			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sasikala Muthukrishnan			Vice-President Name		
Street Address 20 Paige Terrace			Street Address		
City Sayreville	State NJ	Zip 08872	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sasikala Muthukrishnan			Director Name		
Street Address 20 Paige Terrace			Street Address		
City Sayreville	State NJ	Zip 08872	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1500		Common	\$1
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 Sasikala Muthukrishnan				Date 4/14/2020	
Signature of Authorized Representative M. Sasikala				FILED	

RECEIVED
STATE OF RHODE ISLAND
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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

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BY *[Signature]* 12:55