



State of Rhode Island and Providence Plantations
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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2021 MAR -1 P 12: 20

1. Entity Identifier 505303		2. Exact name of the Corporation WEBXL SYSTEMS, INC.			
3. Principal Office Address 110 ALLEN RD		City BASKING RIDGE	State NJ	Zip 07920	
4. NAICS Code 561320	6. Brief description of the character of business conducted in Rhode Island EMPLOYS COMPUTER CONSULTANTS WHO ASSIST THIRD PARTIES IN THE DESIGN AND DEVELOPMENT OF COMPUTER SOFTWARE AND SYSTEMS				
5. State of Incorporation NEW JERSEY					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sham Patel			Vice-President Name Ashwin Rao Arnl		
Street Address 110 ALLEN RD			Street Address 110 ALLEN RD		
City BASKING RIDGE	State NJ	Zip 07920	City BASKING RIDGE	State NJ	Zip 07920
Secretary Name Dharmender Patadia			Treasurer Name Sham Patel		
Street Address 110 ALLEN RD			Street Address 110 ALLEN RD		
City BASKING RIDGE	State NJ	Zip 07920	City BASKING RIDGE	State NJ	Zip 07920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sham Patel			Director Name Hiten Patel		
Street Address 110 ALLEN RD			Street Address 110 ALLEN RD		
City BASKING RIDGE	State NJ	Zip 07920	City BASKING RIDGE	State NJ	Zip 07920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 10. Shares Issued <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
		100	COMMON	0	
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. <i>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.</i>					
Name of Authorized Representative Sam Murphy-Asst Controller				Date 2/5/21	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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FILED

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FORM 630 - Revised: 10/2017

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