State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2012
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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BUS SVCS DIV
2021 MAR -1 P 12:20

1. Entity ID Number	2. Exact name of the Corporation
505303	**WEBXL SYSTEMS, INC.**

3. Principal Office Address	City	State	Zip
110 ALLEN RD	**BASKING RIDGE**	**NJ**	**07920**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561320	**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 ☐

President Name	Street Address	City	State	Zip
Sham Patel	**110 ALLEN RD**	**BASKING RIDGE**	**NJ**	**07920**

Vice-President Name	Street Address	City	State	Zip
Ashwin Rao Arni	**110 ALLEN RD**	**BASKING RIDGE**	**NJ**	**07920**

Secretary Name	Street Address	City	State	Zip
Dharmender Patadia	**110 ALLEN RD**	**BASKING RIDGE**	**NJ**	**07920**

Treasurer Name	Street Address	City	State	Zip
Sham Patel	**110 ALLEN RD**	**BASKING RIDGE**	**NJ**	**07920**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Sham Patel	**110 ALLEN RD**	**BASKING RIDGE**	**NJ**	**07920**

Director Name	Street Address	City	State	Zip
Hiten Patel	**110 ALLEN RD**	**BASKING RIDGE**	**NJ**	**07920**

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
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.

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
Sam Murphy-Asst Controller	2/5/21

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

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MAR 09 2021

FORM 630 - Revised: 10/2017

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