

State of Rhode Island
Department of State - Business Services DivisionAnnual Report for the year: 2022
Corporation

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

FILED

APR 25 2022

BY DOORBY

1. Entity ID Number <u>0488731</u>		2. Exact name of the Corporation IXP CORPORATION									
3. Principal Office Address 150 COLLEGE ROAD WEST SUITE 200			City PRINCETON	State NJ	Zip 08540-1509						
4. NAICS Code 541512		6. Brief description of the character of business conducted in Rhode Island									
5. State of Incorporation DE		SYSTEM INTEGRATION									
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name WILLIAM METRO			Vice-President Name LAWRENCE CONSALVOS								
Street Address 5 ROLLING HILL RD			Street Address 80 NEW RD								
City SKILLMAN	State NJ	Zip 08558	City LAMBERTVILLE	State NJ	Zip 08530						
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			Director Name								
Street Address			Street Address								
City	State	Zip	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>3953462</td> <td>COMMON</td> <td>39534</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	3953462	COMMON	39534
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3953462	COMMON	39534									
Changes require an additional filing.											
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 <u>Scott P. Mazza CTO</u>					Date <u>4/14/22</u>						
Signature of Authorized Representative WILLIAM METRO <u>[Signature]</u>											

MAIL TO:

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