	ONTACT AT FILER [optional]				
・・ シェハレ みしたなしがくだしじじ	1-800-858-5294 MENT TO: (Name and Address)				
23893950	, and a second s	-]			
Prepared by	<i>r</i> :				
Diligenz, Ind 6500 Harbo Mukilteo, W	ur Heights Pkwy, Suite 400				
	Filed In: Rhode Islar	nd (S.O.S.)			
			SPACE IS FO	R FILING OFFICE US	E ONLY
. DEBTOR'S EXACT FL 1a. ORGANIZATION'S NA	JLL LEGAL NAME - insert only <u>one</u> debtor name (1a ME	or 1b) - do not abbreviate or combine names	·····		
Excel Tech, Inc					
R TE. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME SUF		SUFFIX
c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
391 Warwick Ave.		Warwick	RI	02888	USA
S. TAX ID #: SSN OR EIN	ADD'L INFO RE 16. TYPE OF ORGANIZATION ORGANIZATION DEBTOR INC.	11. JURISDICTION OF ORGANIZATION	19. ORG. 1 7286	ANIZATIONAL ID #, if any	
. ADDITIONAL DEBTOR	L'S EXACT FULL LEGAL NAME - insert only one				
2a. ORGANIZATION'S NA					
2 2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME SUFFIX		
20. IIIONIBOREO CADI NAME					
c. MAILING ADDRESS		СПҮ	STATE	POSTAL CODE	COUNTR
d. TAX ID #: SSN OR EIN	ADD'L INFO RE 2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	22 OBC	ANIZATIONAL ID #, if any	
	ORGANIZATION DEBTOR	2uniobiomono onomization	12g. On G	ANIER HONAL ID IF, II any	\Box
SECURED PARTY'S	NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only <u>one</u> secured party name (3a or	3b)		
3a. ORGANIZATION'S NA	me n Financial Services, Inc.				
R 3b. INDIVIDUAL'S LAST N	The state of the s	FIRST NAME	MIDDLE	NAME	SUFFIX
ic. MAILING ADDRESS 1111 Old Eagle School Road		CITY	STATE	POSTAL CODE	COUNTR
1444 Old Engla Ca	nool Road	Wayne	PA	19087	USA