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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
000064863	EXCEL MARINE, INC.			
3. Street Address Principal Business Office		City	State	Zip
12 CLIFF DRIVE		BRISTOL	RI	02809
4. Business Phone No.	5. State of Incorporation			
401-253-8678	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
FIBERGLASS AND BOATBUILDING REPAIRS

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
ELIZABETH M. VARGAS			SAME		
Street Address			Street Address		
12 CLIFF DRIVE					
City	State	Zip	City	State	Zip
BRISTOL	RI	02809			
Secretary Name			Treasurer Name		
SAME			ELIZABETH M. VARGAS		
Street Address			Street Address		
			12 CLIFF DR.		
City	State	Zip	City	State	Zip
			BRISTOL	RI	02809

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
			NONE		
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED
100

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
NONE		

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.

[redacted] [redacted]

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.

Elizabeth M. Vargas
Signature *Date*

ELIZABETH M. VARGAS
Print or Type Name

Pres/Treas.
Title

FILED
File Date
OCT 26 2011
Check No. 155257 1:55
By:
FOR SECRETARY OF STATE USE ONLY
68961-2-658795

Form 630 Rev. 08/08