



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 112300		2. Name of Corporation Excel Tech, Inc.			
3. Street Address Principal Business Office 555 ALGONQUIN DRIVE			City WARWICK	State RI	Zip 02889
4. Business Phone No. (401) 463-0055		5. State of Incorporation RHODE ISLAND			6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island THE PURCHASE AND SALE OF HARDWARE AND SOFTWARE FOR BUSINESS APPLICATIONS. CUSTOM SOFTWARE DEVELOPMENT, CONSULTING AS TO THE FOREGOING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH R. GRIMES, JR.			Vice President Name JOSEPH R. GRIMES, JR.		
Street Address 555 ALGONQUIN DRIVE			Street Address 555 ALGONQUIN DRIVE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name JOSEPH R. GRIMES, JR.			Treasurer Name JOSEPH R. GRIMES, JR.		
Street Address 555 ALGONQUIN DRIVE			Street Address 555 ALGONQUIN DRIVE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSEPH R. GRIMES, JR.			Director Name		
Street Address 555 ALGONQUIN DRIVE			Street Address		
City WARWICK	State RI	Zip 02889	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 1 2 3 0 0 *

File Date 2-13-04
Check No. 7275
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 2/1/2004
JOSEPH R. GRIMES, JR.
Print or Type Name of Officer
PRESIDENT
Title of Officer