



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | |
|---|--------------------|--|---|---------------------|---------------------|
| 1. Entity ID No. 1029379 | | 2. Exact name of the Corporation EXCELL CONSTRUCTION CORP. | | | |
| 3. Principal office address 133 OLD TOWER HILL ROAD, STE. 1 | | City WAKEFIELD | State RI | Zip 02879 | |
| 4. Business Phone No. 789-0217 | | 5. State of Incorporation | | | |
| 6. Brief description of the character of business conducted in Rhode Island CONSTRUCTION WORK | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name JUSTIN BROOKS | | | Vice-President Name | | |
| Street Address 5 DIVISION STREET, BLDG. A | | | Street Address | | |
| City EAST GREENWICH | State RI | Zip 02818 | City | State | Zip |
| Secretary Name JUSTIN BROOKS | | | Treasurer Name JUSTIN BROOKS | | |
| Street Address 5 DIVISION STREET, BLDG. A | | | Street Address 5 DIVISION STREET, BLDG. A | | |
| City EAST GREENWICH | State RI | Zip 02818 | City EAST GREENWICH | State RI | Zip 02818 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name JUSTIN BROOKS | | | Director Name | | |
| Street Address 5 DIVISION STREET, BLDG. A | | | Street Address | | |
| City EAST GREENWICH | State RI | Zip 02818 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| 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. | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | | 100 | COMMON | NO PAR |

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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 04 2016

BY

130

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 Authorized Representative

JUSTIN BROOKS

Print or Type Name of Authorized Representative

Date

12/23/16