



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2015**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 102490		2. Exact name of the Corporation EXCEL MANAGEMENT, INC.			
3. Principal Office Address 9 JENCKES HILL ROAD		City LINCOLN		State RI	Zip 02865
4. Business Phone Number: (401) 952-0328		6. Brief description of the character of business conducted in Rhode Island GENERAL CONTRACTING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ROBERT S. JENSEN			Vice-President Name ROBERT S. JENSEN		
Street Address 9 JENCKES HILL ROAD			Street Address 9 JENCKES HILL ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name ROBERT S. JENSEN			Treasurer Name ROBERT S. JENSEN		
Street Address 9 JENCKES HILL ROAD			Street Address 9 JENCKES HILL ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
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.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		COMMON		NO PAR VALUE	
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 ROBERT S. JENSEN				Date 11/15/16	
Signature of Authorized Representative 				SIGN DOCUMENT HERE DEC 08 2016	

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

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