



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2014
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 R.I. DEPT. OF STATE
 BUS. SCS. DIV.
 2016 DEC 18 PM 4:10

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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		COMMON	NO PAR VALUE
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. <i>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.</i>					
Name of Authorized Representative ROBERT S. JENSEN				Date 11/15/16	
Signature of Authorized Representative 				FILED	
				DEC 08 2016	
				SIGN DOCUMENT HERE	

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

BY OK 290393 - 4:13
03228570