



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

Annual Report for the year: 2017
Corporation

STAMP

- 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 13823		2. Exact name of the Corporation Excelsior International Corporation			
3. Principal Office Address 11 Knight St. #D-13			City Warwick	State RI	Zip 02886
4. NAICS Code 42		6. Brief description of the character of business conducted in Rhode Island Sales Representative, Import/ Export			
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 Lambert S. Cheng			Vice-President Name Nui Oi Cheng		
Street Address 71 Glen Ridge Rd.			Street Address 71 Glen Ridge Rd.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Nui Oi Cheng			Treasurer Name Lambert S. Cheng		
Street Address 71 Glen Ridge Rd.			Street Address 71 Glen Ridge Rd.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lambert S. Cheng			Director Name Nui Oi Cheng		
Street Address 71 Glen Ridge Rd.			Street Address 71 Glen Ridge Rd.		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. 5000 shares Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1000	CLASS/SERIES Common	PAR VALUE No Par
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 LAMBERT S. Y. CHENG					Date 2/1/17
Signature of Authorized Representative <i>Lambert S. Y. Cheng</i>					

FILED
FEB 10 2017

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