RI SOS Filing Number: 201751463470 Date: 10/12/2017 4:00:00 PM

	State of Rhode Island and Providence Plantations  Department of State - Business Services Division
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Annual Report for the year: 2017
Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 86860	2. Exact name of the Limited Liability Company  Excell Feeders, LLC						
<ul><li>3. NAICS Code</li><li>72</li><li>5. State of Formation</li><li>Rhode Island</li></ul>	State of Formation Restaurant						
6. Principal Office Address			City	State	Zip		
45 Pine Hill Drive			East Greenwich	RI	02818		
7. Mailing Address of Limited Li	iability Company	y and Name or Tit	le of Contact Person				
Contact Name James Turi	<u> </u>	-	Contact Title Manager				
Street Address 45 Pine Hill Dr	ive	<del></del>	City East Greenwich	State RI	<sup>Zip</sup> 02818		
8. List ALL managers (names a	and addresses)	of the Limited Lia	bility Company, IF APPLICABLE	- DO NOT LIST I	MEMBERS		
Manager Name James Turi			Manager Name				
Street Address 45 Pine Hill Dr	ive		Street Address				
City East Greenwich	State RI	Zip 02818	City	State	Zip		
Manager Name	<del></del>		Manager Name				
Street Address		<u> </u>	Street Address				
City	State	Zip	City	State	Zip		
<u> </u>				Check the box to	indicate an attachment		
9. Resident Agent in Rhode Isla	and. This informa	tion is currently of re	ecord with the Department of State.	Changes require filir	ng Form 642.		
	clare and affire	m that I have exa	mined this report, including a				
Name of Authorized Person					Date		
James Turi		9/12/17	<u> </u>				
Signature of Authorized Person	7	Sedec)	COUPLIN HEFT				

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 1 2 2017

FORM 632 - Revised: 08/2017