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

STAMP

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 **791896**	2. Exact name of the Limited Liability Company **EXCEL REALTY COMPANY**
3. NAICS Code 53 1110	4. Brief description of the character of business conducted in Rhode Island **OWN, OPERATE AND MANAGE PROPERTY IN EXETER AND RICHMOND RI**
5. State of Formation **DE**	

6. Principal Office Address	City	State	Zip
90 ELM STREET	**PROVIDENCE**	**RI**	**02903**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name **PAUL W.WHYTE**	Contact Title		
Street Address **90 ELM STREET**	City **PROVIDENCE**	State **RI**	Zip **02903**

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name **PAULINE C. METCALF**			Manager Name **FRANK MAURAN IV**		
Street Address **375 MAIL ROAD**			Street Address **90 ELM STREET**		
City **EXETER**	State **RI**	Zip **02822**	City **PROVIDENCE**	State **RI**	Zip **02903**
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

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 Person **PAULINE C. METCALF**	Date 10/13/17

Signature of Authorized Person
Pauline C. Metcalf SIGN DOCUMENT HERE

FILED
OCT 16 2017
BY 1192

MAIL TO:
Division of Business Services
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