



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2017

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

2017 NOV - 1 PM 3:02  
 RECEIVED  
 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.

1. Entity ID Number <u>102490</u>		2. Exact name of the Corporation <u>EXCEL MANAGEMENT INC.</u>	
3. Principal Office Address <u>9 OLD JENCKES HILL RD.</u>		City <u>LINCOLN</u>	State <u>RI</u>
4. NAICS Code <u>236115</u>		6. Brief description of the character of business conducted in Rhode Island <u>GENERAL CONTRACTING</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>ROBERT S. JENSEN</u>		Vice-President Name <u>DENISE R. JENSEN</u>	
Street Address <u>9 OLD JENCKES HILL RD</u>		Street Address <u>9 OLD JENCKES HILL RD</u>	
City <u>LINCOLN</u>	State <u>RI</u>	City <u>LINCOLN</u>	State <u>RI</u>
Zip <u>02865</u>		Zip <u>02865</u>	
Secretary Name <u>ROBERT S. JENSEN</u>		Treasurer Name <u>ROBERT S. JENSEN</u>	
Street Address <u>9 OLD JENCKES HILL RD</u>		Street Address <u>9 OLD JENCKES HILL RD</u>	
City <u>LINCOLN</u>	State <u>RI</u>	City <u>LINCOLN</u>	State <u>RI</u>
Zip <u>02865</u>		Zip <u>02865</u>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>COMMON</u>
			PAR VALUE <u>NO PAR VALUE</u>
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 <u>ROBERT S. JENSEN</u>		Date <u>11/1/2017</u>	
Signature of Authorized Representative 		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

FILED  
 NOV 01 2017  
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