



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>	Zip <u>02865</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>R.I.</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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>	Zip <u>02865</u>	City <u>LINCOLN</u>	State <u>RI</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>	Zip <u>02865</u>	City <u>LINCOLN</u>	State <u>RI</u>	Zip <u>02865</u>
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 <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. <u>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.</u>					
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
FORM 630 - Revised: 08/2017
BY 24-3165