RI SOS Filing Number: 201858531360 Date: 2/16/2018 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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BY_	FEB 1 6 2018
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→ Penalty: Additional \$25.		• •							
Entity ID Number	ID Number 2. Exact name of the Corporation								
000013823	Excels	ior Internatio	onal Corpo	ration					
3. Principal Öffice Address 11. Knight St. #	City <i>Vl</i> arw	ick	State RI	Zip 02886					
4. NAICS Code	6. Brief desc	ription of the charact	er of business o	conducted in Rhode	Island	.			
425120	Sales Representative, Import/Export								
5. State of Incorporation		-	_						
Rhode Island									
7. List ALL officers (names an	d addresses)			Check	the box to inc	licate an attachment			
President Name Lambert S. Cheng		. Cheng							
Street Address 71 Glen Ridge Rd.	Street Address 71. Glen Ridge Rd.								
Cranston	State RT	Zip 02920	City Cranst	on	State R.I.	^{Z₁p} 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 RT	Zip (12920	City Cranst	on	State RT	^{Zip} 02920			
8. List ALL directors (names a	nd addresses)	f		Check	the box to inc	licate an attachment 🗀			
Director Name Lambert S. Cheng			Director Name Nu.i. O.i. Chena						
Street Address 71. Glen Ridge Rd.			Street Address 71 Glen Ridge Rd.						
City Cranston	State RI	^{Z_{ір}} 02920	City Cranston		State RI	Zip 02920			
Director Name	<u></u>		Director Name	3	L	·			
Street Address	Street Address								
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Issu	ied	Check	the box to inc	licate an attachment			
This information is currently of		NUMBER OF	NUMBER OF SHARES		CLASS/SERIES PAR V				
Department of State. 5000 shares		1000		Common		No Par			
Changes require an additional t	filing.								
11. This report must be executrustee, this report must be ex					oration is in the	e hands of a receiver or			
Under penalty of perjury, I d	eclare and affirm	that I have examine	d this report, i	ncluding any acco	mpanying sch	nedules and			
<u>statements, and that all stat</u> Name of Authorized Represer		nerein are true and	i correct.		Date				
LAMBERT S.Y	1/18								
Signature of Authorized Repre		-							
L-(-+-(-Y.C/_	sign doc	dent HERE						
		- / - / / -							

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov