



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2018**  
Corporation

STAMP

FOR  
SECRETARY OF STATE  
USE ONLY

- Filing period: January 1 - March 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>729033</b>		2. Exact name of the Corporation <b>EXCEL REALTY, INC.</b>			
3. Principal Office Address <b>1159 Fall River Avenue</b>			City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
4. NAICS Code <b>531390</b>		6. Brief description of the character of business conducted in Rhode Island <b>The buying, selling and managing of Real Estate</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Shamir Patel</b>			Vice-President Name <b>Vipul Patel</b>		
Street Address <b>1159 Fall River Avenue</b>			Street Address <b>1159 Fall River Avenue</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
Secretary Name <b>Shamir Patel</b>			Treasurer Name <b>Vipul Patel</b>		
Street Address <b>1159 Fall River Avenue</b>			Street Address <b>1159 Fall River Avenue</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>N/A</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			Common		
			No Par Value		
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 <b>Shamir Patel, President</b> <i>[Signature]</i>					Date <b>2/23/18</b>
Signature of Authorized Representative <i>[Signature]</i>					

SIGN DOCUMENT HERE

FILED

MAR 05 2018

BY

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