



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 729033		2. Exact name of the Corporation EXCEL REALTY, INC.			
3. Principal Office Address 1159 Fall River Avenue		City Seekonk		State MA	Zip 02771
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island The buying, selling and managing of Real Estate			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Shamir Patel			Vice-President Name Vipul Patel		
Street Address 1159 Fall River Avenue			Street Address 1159 Fall River Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Shamir Patel			Treasurer Name Vipul Patel		
Street Address 1159 Fall River Avenue			Street Address 1159 Fall River Avenue		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 400	CLASS/SERIES Common	PAR VALUE 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 Shamir Patel, President <i>[Signature]</i>					Date 2/23/18
Signature of Authorized Representative <i>[Signature]</i>					

SIGN DOCUMENT HERE

FILED

MAR 05 2018

BY

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