



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2018  
Corporation

→ Filing period January 1 - March 1

→ Filing Fee \$50.00

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

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RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2018 NOV 26 PM 12:45

1. Entity ID Number <b>001659623</b>		2. Exact name of the Corporation <b>XCEL LACROSSE, INC.</b>			
3. Principal Office Address <b>5 HALE AVENUE</b>			City <b>CUMBERLAND</b>		State <b>RI</b>
					Zip <b>02864</b>
4. NAICS Code <b>713940</b>		6. Brief description of the character of business conducted in Rhode Island <b>SPORTS/RECREATION</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>ANDREW FINK</b>			Vice-President Name <b>ANDREW FINK</b>		
Street Address <b>5 HALE AVENUE</b>			Street Address <b>5 HALE AVENUE</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>ANDREW FINK</b>			Treasurer Name <b>ANDREW FINK</b>		
Street Address <b>5 HALE AVENUE</b>			Street Address <b>5 HALE AVENUE</b>		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</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>ANDREW FINK</b>			Director Name		
Street Address <b>5 HALE AVENUE</b>			Street Address		
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	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
			100		COMMON
					PAY VALUE <b>0.01</b>
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. <b>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.</b>					
Name of Authorized Representative <b>ANDREW FINK</b>					Date <b>OCTOBER 3, 2018</b>
Signature of Authorized Representative:					

FILED

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