



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

Annual Report for the year: **2020**
 Corporation

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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIVISION
FILED
 JAN 16 2020
 2020 JAN 16 PM 1:11 1538

1. Entity ID Number 792757		2. Exact name of the Corporation Exceeda Consulting, Inc.			
3. Principal Office Address 2 Williams Street			City Providence	State RI	Zip 02903
4. NAICS Code 541614		6. Brief description of the character of business conducted in Rhode Island To own, manage, and operate a manufacturing consulting business and to engage in any and all other lawful acts or business for which a corporation may be allowed			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Diane Pesaturo			Vice-President Name Thomas E. Pesaturo		
Street Address 21 Donald Lewis Drive			Street Address 21 Donald Lewis Drive		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Diane Pesaturo			Treasurer Name Thomas E. Pesaturo		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Diane Pesaturo			Director Name Thomas E. Pesaturo		
Street Address Same			Street Address Same		
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		FAR VALUE:
			8,000	Common	\$1.00
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 Diane Pesaturo					Date 1/10/2020
Signature of Authorized Representative Diane Pesaturo			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