



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

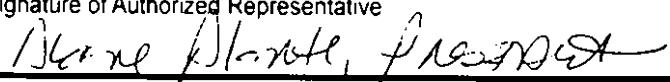
Annual Report for the year: 2020
Corporation

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

FILED

JAN 27 2020

17902

1. Entity ID Number 75558		2. Exact name of the Corporation Global Excellence, Inc.			
3. Principal Office Address 20 Veterans Memorial Drive			City Warwick	State RI	Zip 02886
4. NAICS Code 561510		6. Brief description of the character of business conducted in Rhode Island the operation of a travel agency; and any other lawful activity			
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 Diane Plante			Vice-President Name Maria Dodson		
Street Address 20 Veterans Memorial Drive			Street Address 20 Veterans Memorial Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Patricia Pillay			Treasurer Name Dianne Miguel		
Street Address 20 Veterans Memorial Drive			Street Address 20 Veterans Memorial Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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 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		
			CLASS/SERIES		
			PAR VALUE		
			100		
			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 Diane Plante - President				Date 1-9-2020	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov