



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 102490		2. Name of Corporation EXCEL MANAGEMENT, INC.			
3. Street Address Principal Business Office 132 OLD RIVER ROAD, SUITE #205			City LINCOLN	State RI	Zip 02865
4. Business Phone No. (401) 333-6300		5. State of Incorporation RHODE ISLAND			6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS A GENERAL CONTRACTOR FOR THE CONSTRUCTION, REPAIRING AND-REMODELING OF-BUILDINGS AND PUBLIC-WORKS OF-ANY-KIND.					
8. NAMES AND ADDRESSES OF THE OFFICERS (Do not attachments. File in separate pages before using attachments.)					
President Name ROBERT S. JENSEN			Vice President Name ROBERT S. JENSEN		
Street Address 9 OLD JENCKES HILL ROAD			Street Address 9 OLD JENCKES HILL ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name ROBERT S. JENSEN			Treasurer Name ROBERT S. JENSEN		
Street Address 9 OLD JENCKES HILL ROAD			Street Address 9 OLD JENCKES HILL ROAD		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS (Do not attachments. File in separate pages before using attachments.)					
Director Name ROBERT S. JENSEN			Director Name		
Street Address 9 OLD JENCKES HILL ROAD			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (Do not attachments) <input type="checkbox"/> 11. SHARES ISSUED (Do not attachments) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM	NO PAR VALUE		100	COMMON	NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

*Robert S. Jensen*  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

ROBERT S. JENSEN  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

File Date: 3/2/05  
Check No: 1914  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 102490		2. Name of Corporation EXCEL MANAGEMENT, INC.			
3. Street Address Principal Business Office 132 Old River Road, Suite #205			City Lincoln	State RI	Zip 02865
4. Business Phone No. (401) 333-6300		5. State of Incorporation RHODE ISLAND			6. SIC Code 34
7. Brief Description of the Character of Business Conducted in Rhode Island TO ACT AS A GENERAL CONTRACTOR FOR THE CONSTRUCTION, REPAIRING AND REMODELING OF BUILDINGS AND PUBLIC WORKS OF ANY KIND.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert S. Jensen			Vice President Name Robert S. Jensen		
Street Address 9 Old Jenckes Hill Road			Street Address 9 Old Jenckes Hill Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Robert S. Jensen			Treasurer Name Robert S. Jensen		
Street Address 9 Old Jenckes Hill Road			Street Address 9 Old Jenckes Hill Road		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert S. Jensen			Director Name		
Street Address 9 Old Jenckes Hill Road			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			100	common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 2 4 9 0 \*

File Date 2/11/04  
Check No. 8344  
By: KME

FOR SECRETARY OF STATE USE ONLY

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.

Robert S. Jensen 2004.1/15/03  
Signature of Officer Date

ROBERT S. JENSEN  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **102490** 2. Name of Corporation **EXCEL MANAGEMENT, INC.**  
3. Street Address Principal Business Office **132 Old River Road, Suite #205** City **Lincoln** State **RI** Zip **02865**  
4. Business Phone No **(401) 333-6300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**  
7. Brief Description of the Character of Business Conducted in Rhode Island **General Contractor for construction, repairing, remodeling and public works of any kind & improvement of real estate; to purchase, own, hold & sell real property improved or unimproved.**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Robert S. Jensen</b> Street Address <b>9 Old Jenckes Hill Road</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>	Vice President Name <b>Robert S. Jensen</b> Street Address <b>9 Old Jenckes Hill Road</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>
Secretary Name <b>Robert S. Jensen</b> Street Address <b>9 Old Jenckes Hill Road</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>	Treasurer Name <b>Robert S. Jensen</b> Street Address <b>9 Old Jenckes Hill Road</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Robert S. Jensen</b> Street Address <b>9 Old Jenckes Hill Road</b> City <b>Lincoln</b> State <b>RI</b> Zip <b>02865</b>	Director Name  Street Address  City State Zip
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

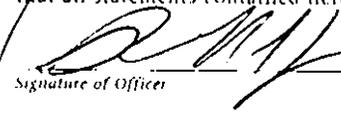
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares <b>100</b> Class/Series <b>NO PAR VALUE</b> Par Value	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES Number of Shares <b>100</b> Class/Series <b>common</b> Par Value <b>No Par Value</b>
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3-27-03  
Check No.: 1099  
By: ICP

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.

 3/26/03  
Signature of Officer Date

**ROBERT S. JENSEN**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **102490** 2. Name of Corporation **EXCEL MANAGEMENT, INC.**  
3. Street Address Principal Business Office **132 Old River Road, Suite #205** City **Lincoln** State **RI** Zip **02865**  
4. Business Phone No. **(401) 333-6300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **34**  
7. Brief Description of the Character of Business Conducted in Rhode Island **General Contractor for construction, repairing, remodeling and public works of any kind & improvement of real estate; to purchase, own, hold & sell real property improved or unimproved.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Robert S. Jensen</b>	Vice President Name <b>Robert S. Jensen</b>
Street Address <b>9 Old Jenckes Hill Road</b>	Street Address <b>9 Old Jenckes Hill Road</b>
City State Zip <b>Lincoln RI 02865</b>	City State Zip <b>Lincoln RI 02865</b>
Secretary Name <b>Robert S. Jensen</b>	Treasurer Name <b>Robert S. Jensen</b>
Street Address <b>9 Old Jenckes Hill Road</b>	Street Address <b>9 Old Jenckes Hill Road</b>
City State Zip <b>Lincoln RI 02865</b>	City State Zip <b>Lincoln RI 02865</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Robert S. Jensen</b>	Director Name
Street Address <b>9 Old Jenckes Hill Road</b>	Street Address
City State Zip <b>Lincoln RI 02865</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>100 NO PAR VALUE</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>common</b>	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 2 4 9 0 \*

File Date: 3-1-02  
Check No.: 1461  
By: AME

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature] Date: 2/27/02  
**ROBERT S. JENSEN**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **102490** 2. Name of Corporation **EXCEL MANAGEMENT, INC.**

3. Street Address Principal Business Office: **132 Old River Road, Suite #205** City: **Lincoln** State: **RI** Zip: **02865**  
4. Business Phone No. **(401) 333-6300** 5. State of Incorporation **RHODE ISLAND** 6. SIC **340**

7. Brief Description of the Character of Business Conducted in Rhode Island **General Contractor for construction, repairing, remodeling and public works of any kind & improvement of real estate; to purchase, own, hold & sell real property improved or unimproved.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Robert S. Jensen</b>	Vice President Name <b>Robert S. Jensen</b>
Street Address <b>9 Old Jenckes Hill Road</b>	Street Address <b>9 Old Jenckes Hill Road</b>
City State Zip <b>Lincoln RI 02865</b>	City State Zip <b>Lincoln RI 02865</b>
Secretary Name <b>Robert S. Jensen</b>	Treasurer Name <b>Robert S. Jensen</b>
Street Address <b>9 Old Jenckes Hill Road</b>	Street Address <b>9 Old Jenckes Hill Road</b>
City State Zip <b>Lincoln RI 02865</b>	City State Zip <b>Lincoln RI 02865</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Robert S. Jensen</b>	Director Name
Street Address <b>9 Old Jenckes Hill Road</b>	Street Address
City State Zip <b>Lincoln RI 02865</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 common No Par Value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 3/1  
Check No. 1183  
By C.H.  
FOR SECRETARY OF STATE USE ONLY

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.  
Signature of Officer [Signature] Date 2/27/01  
**ROBERT S. JENSEN**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID # 102490 EXCEL MANAGEMENT, INC.

3. Street Address Principal Business Office  
132 Old River Road, Suite #205 City Lincoln State RI Zip 02865

4. Business Phone No. (401) 333-6300 5. State of Incorporation RHODE ISLAND 6. SIC 344

7. Brief Description of the Character of Business Conducted in Rhode Island General Contractor for construction, repairing, remodeling and public works of any kind & improvement of real estate; to purchase, own, hold & sell real property improved or unimproved.

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>ROBERT S. JENSEN</u>	Vice President Name <u>ROBERT S. JENSEN</u>
Street Address <u>9 OLD JENCKES HILL ROAD</u>	Street Address <u>9 OLD JENCKES HILL ROAD</u>
City State Zip <u>LINCOLN RI 02865</u>	City State Zip <u>LINCOLN RI 02865</u>
Secretary Name <u>ROBERT S. JENSEN</u>	Treasurer Name <u>ROBERT S. JENSEN</u>
Street Address <u>9 OLD JENCKES HILL ROAD</u>	Street Address <u>9 OLD JENCKES HILL ROAD</u>
City State Zip <u>LINCOLN RI 02865</u>	City State Zip <u>LINCOLN RI 02865</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>ROBERT S. JENSEN</u>	Director Name
Street Address <u>9 OLD JENCKES HILL ROAD</u>	Street Address
City State Zip <u>LINCOLN RI 02865</u>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>100 NO PAR VALUE</u>		

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>100</u>	<u>COMMON</u>	<u>no par value</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 2 4 9 0 \*

File Date: FILED  
Check No.: FEB 04 2000  
By: CC 0945

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.

[Signature] 2/1/00  
Signature of Officer Date  
ROBERT S. JENSEN  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **102490** 2. Name of Corporation **EXCEL MANAGEMENT, INC.**

3. Street Address Principal Business Office  
132 Old River Road, Suite #205 City Lincoln State RI Zip 02865

4. Business Phone No. (401) 333-6300 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0034**

7. Brief Description of the Character of Business Conducted in Rhode Island: **General Contractor for construction, repairing, remodeling and public works of any kind & improvement of real estate; to purchase, own, hold & sell real property, improved or unimproved.**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <b>ROBERT S. JENSEN</b> Street Address <b>61 JENCKES HILL RD.</b> City State Zip <b>LINCOLN RI 02865</b>	Vice President Name <b>ROBERT S. JENSEN</b> Street Address <b>61 JENCKES HILL ROAD</b> City State Zip <b>LINCOLN RI 02865</b>
Secretary Name <b>ROBERT S. JENSEN</b> Street Address <b>61 JENCKES HILL ROAD</b> City State Zip <b>LINCOLN RI 02865</b>	Treasurer Name <b>ROBERT S. JENSEN</b> Street Address <b>61 JENCKES HILL ROAD</b> City State Zip <b>LINCOLN RI 02865</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <b>ROBERT S. JENSEN</b> Street Address <b>61 JENCKES HILL ROAD</b> City State Zip <b>LINCOLN RI 02865</b>	Director Name  Street Address  City State Zip
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>NO PAR VALUE</b>	

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>COMMON</b>	<b>no par value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/18/99

Check No.: 972

By: [Signature]

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.

[Signature] 2/12/99

Signature of Officer: **ROBERT S. JENSEN** Date

Print or Type Name of Officer

**PRESIDENT**

Title of Officer