



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 07 2023

BY 1633

PS

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 ☐					
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 ☐					
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 Check the box to indicate an attachment ☐					
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 ☐		
			NUMBER OF SHARES 50	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 Diane Plante - President				Date 1/27/23	
Signature of Authorized Representative 					

MAIL TO:
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