



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024  
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**  
STAMP  
APR 02 2024  
BY 1826

1. Entity ID Number <b>000075558</b>		2. Exact name of the Corporation <b>Global Excellence, Inc.</b>			
3. Principal Office Address <b>20 Veterans Memorial Drive</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>561510</b>		6. Brief description of the character of business conducted in Rhode Island <b>the operation of a travel agency; and any other lawful activity</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>Diane Plante</b>			Vice-President Name <b>Maria Dodson</b>		
Street Address <b>20 Veterans Memorial Drive</b>			Street Address <b>20 Veterans Memorial Drive</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>Patricia Pillay</b>			Treasurer Name <b>Dianne Miguel</b>		
Street Address <b>20 Veterans Memorial Drive</b>			Street Address <b>20 Veterans Memorial Drive</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</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			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 <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	PAR VALUE
		<b>50</b>		<b>common</b>	<b>no par value</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>Diane Plante - President</b>					Date <b>3.26.24</b>
Signature of Authorized Representative <i>Diane Plante - President</i>					

MAIL TO:  
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