



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 117605		2. Name of Corporation Triumph Leasing Corporation			
3. Street Address Principal Business Office 194 Ayer Road			City Littleton	State MA	Zip 01460
4. Business Phone No. 978-486-0120		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Lease, rent and sell road, office and storage trailers					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Clifford S. Cort			Vice President Name Glenn A. Cort		
Street Address 194 Ayer Road			Street Address 194 Ayer Road		
City Littleton	State MA	Zip 01460	City Littleton	State MA	Zip 01460
Secretary Name Clifford S. Cort			Treasurer Name Glenn A. Cort		
Street Address 194 Ayer Road			Street Address 194 Ayer Road		
City Littleton	State MA	Zip 01460	City Littleton	State MA	Zip 01460
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Clifford S. Cort			Director Name Glenn A. Cort		
Street Address 194 Ayer Road			Street Address 194 Ayer Road		
City Littleton	State MA	Zip 01460	City Littleton	State MA	Zip 01460
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 330	Class/Series Common	Par Value NONE	
		THIS SECTION MUST BE COMPLETED			

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.

FILED

File Date: MAR 09 2010
 Check No.: 11989
 By: BY
 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: David Treveloni Date: 3-6-10
 Print or Type Name: DAVID TREVELONI
 Title: Controller