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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
126928	GO MODULAR INC.

3. Principal office address	City	State	Zip
294 Albion Rd	Lincoln	RI	02865

4. Business Phone No.	5. State of Incorporation
508-971-4411	MA

6. Brief description of the character of business conducted in Rhode Island
RETAILER a wholesaler a General Contractor in sale, resale of modular homes

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Athanasios Pitliangas	Athanasios Pitliangas
Street Address: 294 Albion Rd	Street Address: 294 Albion Rd.
City: Lincoln State: RI Zip: 02865	City: Lincoln State: RI Zip: 02865
Secretary Name: Athanasios Pitliangas	Treasurer Name: Athanasios Pitliangas
Street Address: 294 Albion Rd	Street Address: 294 Albion Rd.
City: Lincoln State: RI Zip: 02865	City: Lincoln State: RI Zip: 02865

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Athanasios Pitliangas	
Street Address: 294 Albion Rd.	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:

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CORPORATIONS DIV

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	200		NO PAR

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.

File Date 3:43 pm
Check No
By:
FOR SECRETARY OF STATE USE ONLY By 268782 ICM

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FEB 26 2016

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.

Athanasios Pitliangas Pres.
Signature of Authorized Representative Date

ATHANASIOS PITLIANGAS
Print or Type Name of Authorized Representative

Form No. 1630
Revised: 01/2012
133157-5-1094456